MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) VICTOR R. BEALS 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS MONTHS 4-19-1914 MALE WHITE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED COUNTRY HYNDMAN, PA. ALLEGANY DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired.) CUMBERLAND HOSPITAL 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNT YES NO TE HYNDMAN RT_#1 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last WILLIAM BEALS SHILLING DOROTHY 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes no or unknawn) 187-01-3083 MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gave ; rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) E-MILTENBERGER S. CENTRE ST. CUMBERLAND MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) March 27.1968 Palo Alto Cemetery Hyndman, Bedford Co., Pa. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pa.

VR A15 (4) 30M REV. 1/68

low requires that the death certificate be executed within 24 hours ofter death.

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'O FUNERAL DIRECTOR: After this certificate hos been

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ATTENDING PHYSICIAN: The

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE	AF	DEATH	
CERTIFICATE	UF	DEALH	

03370

/-	03310											
	DECEASED-NAME First (Type or print) GENEV	EVE	Middle	B	last OPP		20. DATE C		Day 196	Year 58		HOUR M
3.	SEX	4. RACE		S.	DATE OF BI	RTH		6. AGE (In years last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.
	FEMALE	WHIT	E	1	MARCH	8, 190	09	59 Y	RS.	DATS	ROUKS	min
70.	BIRTHPLACE (Stote or foreign untry)	7b. CITIZEN OF WHAT COUN	NTRY? 8.	MARRIED X	NEVER MAR	RIED	9. COUNTY O					
	MARYLAND	USA		WIDOWED 🗌		RCED 🔲		EGANY				Md.
	CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF H	OSPITAL OR INSTITU dress) BEDFORI	UTION (If not in D STREI		120. USUA during mo	L OCCUPATION OF THE PROPERTY O	N (Kind of work do g life, even if retired I P.E.	ne 12b. 1.) INDL	KIND OF JSTRY HO	BUSINESS ME	OR
13d adı	n. USUAL RESIDENCE (Where decease mission) STATE MARYT.AND	d lived, if institution: Resi 13b. COUNTY ALLEGA	idence before 13	CUMBER		13d. INSIDE CITY LIA YES NO		STREET AND NUMBER 21 BEDFOR				
14.	FATHER'S NAME First	Middle	Lost	15. M	OTHER'S MA	AIDEN NAME FI	irst	Middle			Lost	0.011
Г	STEPHEN	R.	EDWARDS			SUSA	NI		CI	RABI	REE	
16	a. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wa	D FORCES? 16b. SO	CIAL SECURITY NO.	17. INFO	RMANT			Address				
L	NO (ii yes give wa		ONE	ART	HUR H	BOPP		CUMBERLAN	D. MD.		MATE INTER	
	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CON	ISEQUENCE OF	tre ma	9	30	for	hisp	/	6	-n	10(2)
CEPTIEICATION	PART 2. OTHER SIGNIFICANT CONI				20a. AUTO	IPSY?	20b.	YEN IN PART I(o) IF YES, WERE FINDING ES OF DEATH?	SS CONSIDER	ED IN CE	ERTIFYING	G
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month	P Day Year	,	1	/		ury in Part 1 ar Port	2. Item 1B.			State
	at wark at work	PLACE OF INJURY (AT HOME, OFFICE BI		1/								
	22a. I certify that (I) (this saw the deceased all causes stated above.	ve an mar	17 19	EY, and t	hat in (m	y) (aur) api	nian death	accurred an the	date and	, that haur	(I) (w and fro	e) last um the
	22b. SIGNATURE	morni	- mi	DEGREE	ATTENDII PHYS.	DI 🖳	NED.	STAFF D	2c. DATE SIC		9-6	8
	22d. PHYSICIAN'S NAME (Type)	J. MIRKIN,	M.D.		22e. ADD	S. CEN	NTRE S	TREET C	UMBER.	LINI), M	D
23	o. BURIAL, CREMATION, 23b. D REMOVAL (Specify) MAR(23c. NAME OF CEM					TION (City or Town)	(Cour	nty)	(Stote	1)
24			HILLCRES	ST BUR	TAL P	ARK	V DECISTRAD	BERLAND,	MD.	IDE		-
24	FUNERAL DIRECTOR KIGHT	CT	ADDRESS JMBER LA NI	D, MD.		2Sa. REC'D B'	2 THE	368 230. KEUISIK	TAN SIGNATI	No of	حكور	81

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 30M REV. 1768

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5 may be retained far your files. Hegith prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03371

Type as Print)	: First		Middle		Lost			Day Year	2b. HOUR
(Type or Print)	BERNAI	DETTE	M.	BO	YLE		DEATH MATED 3 -	31- 1968	6:30
3. SEX		S. DATE OF BIRTH	6. AGE (In			R 24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
TEMALE	WHITE	JAN. 17,	1879 last birth	YRS. MONTHS	DAYS HOURS	MIN.	Month warch Doy 3	Year 1968	700
7a. BIRTHPLACE (SI		CITIZEN OF WHAT CO			NEVER MARRIED	9. COL	INTY OF DEATH	1,00	
countral	YLAND	U.S.A.		WIDOWED T	DIVORCED		ALLEGANY		N
IO. CITY OR TOWN			OF HOSPITAL OR INSTIT	46			CUPATION (Kind of work done	12b. KIND OF BUSI	NESS OR
ECKHAR!		give street		ronon (n nor n			t wasking life, even if retired.)		HOME
	ENCE (Where deceased	lived if institution	Pacidana hafara 13	CITY OF TOWN			13e. STREET AND NUMBER	OMIA	TOPE
admission) STA	MARYLAND	13b. COUNTY ALLI	Residence bendre 13	OKHART	YES 🗆		ISE. STREET AND NUMBER		
14. FATHER'S NAME		Middle	Last	15. MOII	HER'S MAIDEN NAME		Middle	Last	
	JOHN		MOORE			MARY		KEARNEY	
16a. WAS DECEASED (Yes, na, or unkr	EVER IN U.S. ARMED FOR	or dates of service)	SOCIAL SECURITY NO.	17. INFORM			ADDRESS		
(163, 110, 01 01111	(ii yes give wai	212	2-54-8031.	-J1 M	ary Boyle	, Ec	khart, Md.		
IB. CAUSE	OF DEATH (Enter only o	ane cause per line for	r (a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	
PART I	. DEATH WAS CAUSED B	Y: CAUSE (a)	CORO	DNARY	OCCLUS:	ION		SUDDEN	
41	09		CONSEQUENCE OF				DESTRUCTION OF THE REAL PROPERTY.		
	if any, which gave	(b)		CORONA	RY SCL	EROS	IS		
	ediate cause (a), underlying cause		CONSEQUENCE OF	MINISTER OF STREET	VIII-OU DAY				
last.	onderlying coose	43							
PART 2 OTHE	R SIGNIFICANT CONDITION	NS CONTRIBITING TO	O DEATH RUT NOT PE	LATED TO THE TE	PMINAL DISEASE OF	CONDITIO	ON CIVEN IN PART 1/a)		
14.2011	, SIGNIFICANT CONDITIO	MS CONTRIBUTING IN	O DEATH OUT NOT KE	CATED TO THE TE	KMINAL DISEASE OK	CONDITIO	on Given in TAKT I(U)		
190. DATE OF	OPERATION	19h	CONDITION FOR WHIC	TH OPERATION				20. AUTOPSY	2
190. DATE OF	OI ERATION		WAS PERFORMED?	LII OI EKATION				YES [NO X
210 EVTEDNA	AL CAUSE WAS	1216 TIME OF INTUIN	RY Manth, Doy, Year	121° HOW	MINDY OCCUPATOR (F=4== ==4	re af injury in Port 1 ar Part 2,		NO TO
	OR CONTRIBUTING	HOUR A.M.	tr mailin, Doy, rear	ZIC. HOW	NJUKT OCCURRED (I	enter natu	re at injury in Port I ar Part 2,	irem 18.)	
PRIMARY CAUSE OF DI		P.M.	19	01/10017					
		CE OF INJURY (At horry, office building, etc.		21f. LOCATI	ON Street or R.F.D. N	0.	City ar Tawn	County	State
WHILE AT WORK	AT WORK	,						100	6
220.	I certify that I tool	k charge of the re	emoins described	obove, held o	n Autopsy ,	Ins	spection [X], Inquiry	X), ond in m	y opinio
deoth	resulted from:	Notural couses	X Accident	, Suicide	Homic	ide .	Undetermined monne	r	
100	0		F		CHIEF MEDICA	L EXAMINI	FR		
ACTUAL SIGNATUM	Lough	ot Sh	tarely		A D ASSISTANT ME		MINER 22b. DAT	TE SJGNED	
EXAMINER					DEPUTY MEDI			ch 31,19	168
NAME (Typ	BENEDI	CT SKIT	ARELIC,	M.D.			wn, or coun OUMBER LA	AND MARY	LANI
23a. BURIAL, CREA	MATION, 23b. DA		23c. NAME OF CEA				LOCATION (City or Town)		tate)
BURTAL SE	pecify) APR.		ST. MICH			2.50.	FROSTBURG, M		
24. FUNERAL DIRI		, .,	ADDRESS			C'D BY RFO			
	EPH R. DUR	ST. SR.		. MD. 2			1968 Milane	SIGNATURE	1
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1		EASED-NAME First pe or print)		Middle	70	Last	2a.	DATE OF D		Day _ Ye		HOUR								
2		WIT			Bu	ckelew				Pov 198	, ,	301								
		male	4. RACE Whi	te		Jan. 1,			S. AGE (In years lost birthday) Y	MONTHS RS.	YEAR IF UNDER DAYS HOURS	R 24 HRS.								
	o. Bl	RTHPLACE (State or foreign ry) W. Va.	7b. CITIZEN (OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIE		Alleg				Mo								
10	0. CI1	Y OR TOWN OF DEATH Barton		11. NAME OF HOSPITAL OR INS give street oddress)	STITUTION (I	f nat in haspital			(ind of work do e, even if retired		ND OF BUSINESS	OR								
	30. L dmis	ISUAL RESIDENCE (Where deceos sian) STATE Md.	ed lived, if in 13b. COU	nstitution: Residence before NTY Allegany		OR TOWN 13d.	INSIDE CITY LIMITS?		ET AND NUMBER											
1	4. FA	THER'S NAME First John	Mid	ddle Lost Griffith		15. MOTHER'S MAIDE			Middle		Last									
ī	16a. Ye	WAS DECEASED EVER IN U.S. ARA s, n Ulf yes give w	MED FORCES? war or dates of servi	16b. SOCIAL SECURITY I	NO. 17	7. INFORMANT Asa Guth	rie-Lon	aconi	Address		125	Į.								
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COLUMN	DUE TO, (b) DUE TO, (c)), OR AS A CONSEQUENCE OF), OR AS A CONSEQUENCE OF ;)							STeer									
	TIFIC	19a. DATE OF OPERATION 19b.	CONDITION FO	OR WHICH OPERATION WAS PE		20a. AUTOPSY YES	NO X	CAUSES C	ES, WERE FINDING OF DEATH?		IN CERTIFYING	3								
	3	ZIO. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEA! (If either, notify medical exami	TH HOUR	P.M. 19	9	HOW INJURY OCCUR		ure of injury	in Port 1 or Port	2, Item 18.)	-43									
Г			PLACE OF IN	JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Street a	r R.F.D. No.	City a	r Tawn	County	5	State								
I		at work ot wark										22a. I certify that (I) (this haspital) attended the deceased fram Feb 23 , 1966, ta Ner. 27, 1968, that (I) (we) lass saw the deceased alive on Ner. 15. 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.								
		22a. I certify that (I) (the saw the deceased a causes stated above	is haspital live on , (I) (we) (attended the deceas Micros 15 did) (did nat) view the	ed fram 19.05, a bady afte	Feb 23 and that in (my) er death.	, 19 <i>66_</i> (our) opinion	, ta Mi death oc	curred on the	19 <i>168</i> , e dote ond h	that (I) (w lour and fro	ve) la om th								
		22a. I certify that (I) (the saw the deceased a causes stated above 22b. SIGNATURE	is haspital live on_ e, (1) (we) (did) (did nat) view the		EGREE ATTENDING PHYS.	MED. DIRECTO		CTAFF 2	19 <u>18</u> , e dote ond h	ED									
		22a. I certify that (I) (the saw the deceased a causes stated above	low	m.D.		EGREE ATTENDING PHYS. 22e. ADDRES	MED. DIRECTO	OR 🗆	STAFF PHYS.	22c. DATE SIGN	ED									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

1000	3 Emilion				ERTIFICATE			AND ZIZOT	03373	
1. DECEASED-NAME (Type or Print)	First		Middl	е	Last	MILE S		2a. DATE KNOWN Manth		2b. HOUR
(Tipo di Filini)	JANE"	T	М.		BURT			DEATH MATED MAR	CH 2 1968	:50R
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER :	24 HRS MIN.	2c. DATE PRONOUNCED DEAD		2d. HOUR
FEMALE	WHITE	JULY II	, 1891	76YR	S.			MARICH 2Day	Year 19 68	B N
7a. BIRTHPLACE (Sta	te ar fareign 75	. CITIZEN OF WHA	AT COUNTRY?	8. M	ARRIED NEVER M.	ARRIED 🔀		NTY OF DEATH		
duntry) MAR	/LAND	USA	TELIP .			ORCED		ALLEGANY		М
	AND, MD.	give s	treet address A C	RED HE	ART HOBP	during	Ret	CUPATION (Kind of work dane f working life, even if retired.)		SINESS OR
13a. USUAL RESIDEN admission) STAT	ICE (Where decease MARYLAND	d lived, if institu 13b. COUNTY	tian: Residence		NACON I NG			13e. STREET AND NUMBER 33 FURNACE	ST.	
14. FATHER'S NAME	First JAMES	Middle	BUR	Last	1S. MOTHER'S MA	JAN		Middle	ALERD	
Yas oo, ar unkna	VER IN U.S. ARMED FO wn) (If yes give we	RCES? or or dates of service)	16b. SOCIAL SECU 218-03		17. INFORMANT HOSP	ITLA	RE	CORD		
	F DEATH (Enter only DEATH WAS CAUSED	D1/			ONA BY EM	201 701	4	MACCAME	APPROXIMATI BETWEEN ONSET	AND DEATH
787	IMMEDIAT	E CAUSE (a)			UNARY EM	BOLISM	۹,	MASSIVE	SUDDE	N
Canditians, if	any, which gave		AS A CONSEQUEN		DOCHANTED	TC ED	CTH	RE RIGHT FEMUR	14 DA	vc
	diate cause (a), nderlying cause		AS A CONSEQUE		NOCHAN I EN	IC PIO	1010	KE KIGHT PEMOR	14 08	13
PART 2. OTHER 9040		IONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATE	TO THE TERMINAL	DISEASE OR C	ONDITIO	N GIVEN IN PART 1(a)		
19a. DATE OF 2-1 21a. EXTERNAL			19b. CONDITION	FOR WHICH O	PERATION				20. AUTOPS	Y?
S 2-1	8-68		WAS PERFO			DACTH	25		YES T	NO C
21a. EXTERNAL	CAUSE WAS	21b. TIME OF	NJURY Manth, Do	IY, Year	TION OF F	CCURRED (En	ter natu	re af injury in Part 1 ar Part 2,		
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	9:00 A	2-42	19 68		AT HO				
21d. INJURY O	CURRED 21e PL	ACE OF INITIRY (A	t hame farm st		21f. LOCATION Stree		-	City ar Tawn	Caunty	State
WHILE AT WORK	NOT WHILE TO FOCT	OME	g, etc.)		33	FURNA	CE S	TREET, LONACON	ING, ALLE	G.MD.
22a. I	certify that I to	ok charge of th	ne remains de	scribed abo	ve, held an Aut	opsy X,	Ins	pectian X, Inquiry [X and in m	ny apiniar
death re	esulted fram:	Natural caus	es , Ac	cident XX	Suicide	Homicid	le 🔲,	Undetermined manne	r 🔲	
ACTUAL SIGNATURE)	Beneo	hieto	Pritar	ulic	7	IIEF MEDICAL SISTANT MED			TE SIGNED	
EXAMINER'S NAME (Type)		ICT SK	ITARELI		DE	PUTY MEDICA DRESS(Street		NER X MARCH 2	ND. MARYL	
23a. BURIAL, CREM					Y OR CREMATORY	1875	23d.	LOCATION (City or Town)	(Caunty) (S	itate)

VR A15ME (5) 10M REV. 1/68

24. FUNERAL DIRECTOR Eichhorn

Lonaconing, Md.

250. REC'D BY REGISTRAR DATEMAR 5 1968

RECISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03374

			CERTIFICA	ALE OF DEATH			000	77
	CEASED-NAME First	Middle	0.0	Lost	2o. DATE OF		Year o	2b3 HOUR
	AMN			AMPBELL	M	AKUN I	1 1900	P.M.
SE	FEMALE	4. RACEWHITE		2-10-190		6. AGE (In yeors los bij hdoy) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote or foreign MARYLAND	76. CITIZEN OF WHAT COUNTRY? U. S. A.	WIDOWED		9. COUNTY OF			м
	CUMBERLAND	11. NAME OF HOSPITAL OR IN:	,	ITAL during	post of working l	(Kind of work done life, even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
odmi	ssion) STATE MD.	ed lived, if institution: Residence before 13b. COUNTY ALLEGANY		BERLANDX N	0	518 WAS	HINGTO	N ST.
14. F	FATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME	First	Middle		Lost
160.	WAS DECEASED EVER IN U.S. ARN			FANNIE		Address	LHOLLA	ND
Υ		or or dates of service)	N	MEMORIAL HO	OSPITAL	. CUMBE	RLAND.	MD-
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	If one couse per line for (o), (b), ond (c). D BY: ARUTE COUSE (o)	NGEST	IVE HEART	FAILUR	E		MATE INTERVAL NSET AND DEATH JRS
	Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		THE LIVER	2		YE	ARS
	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO X	CALICEC	YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CER	21 o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy Year		W INJURY OCCURRED (Ente	er noture of injur	y in Port 1 or Port 2,	Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA			o. City	or Town	County	Stote
	22o. I certify that (I) (the sow the deceased a causes stated abave	is hospital) attended the decease live on	9, and	3 - 1 2 - 68 19 thot in (my) (our) op eath.	inion death a	3-1/-6,49 accurred on the do	/ IIIIWI	(I) (We) la ond from th
	22b. SIGNATURE	allew Ill	DEGRE	E PHYS.	MED. DIRECTOR	STAFF	DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) DR.	G. O. HIMMELWR	LGHT	22e. ADDRESS CUMBER	RLAND,	MD.		
R	BURIAL, CREMATION 23b. REMOVAL (Specify 3	120/68 Rose		Cem.	Cum	N (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR	ADDRESS	11	A ()	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	Sec.
-	James su	were. In	no - 11	DATE IVIT	III & U II	040		

24 bours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the by the fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, rage shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

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MADVIAND CTATE DEDADTMENT OF HEALTH

MAKILAND STATE DEPARTMENT	OF REALITY
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 2120

	CERTIFICATE OF DEATH	03379	
)	CARDER	2a. DATE OF DEATH MAR 29 68	2b. HOUR : 30 PM
	5. DATE OF BIRTH 5-24-91	o. Not (III years	F UNDER 24 HRS. HDURS MIN

						CALL OI	D W/1111					
	CEASED-NAME ype ar print)	ROBERT		Middle L		CARDI	R	2a. DATE	OF DEATH	k 23	68	2b. HOUR : 30 PM
3. SE	MALE	4. RAC	vhite			S. DATE OF	-24-9		6. AGE (last <u>bi</u> r	n years thday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
7a. B	BIRTHPLACE (State or for	D • 7b. CITIZI	U.S.A		WIDOWE		RRIED	9. COUNTY	OF DEATH	ANY		Md.
10. C	ITY OR TOWN OF DEAT	H	11. NAME OF	HOSPITAL OR INST		f nat in haspital			ION (Kind of inglife, even		12b. KIND OF INDUSTRY Self	BUSINESS OR Emp.
13a. admi	usual RESIDENCE (Whossian) STATE W . V	ere deceased lived, A . 13b. C	f institution: R OUNTY		13c. CITY PAW		13d. INSIDE CITY YES N	LIMITS? 13e	. STREET AND	NUMBER NO	ne	
14. F		RLEY	Middle	CARD	ER	1s. MOTHER'S I		First ETTA		Middle	В	RANT
16a. Y	WAS DECEASED EVER (es, na, ar unknawn)	N U.S. ARMED FORCE (If yes give war or dates of		SOCIAL SECURITY N	0. 17	MEMOR	IAL H	OSPIT	AL C	Address UMBER	LAND,	
	1B. CAUSE OF DEATH V PART I. DEATH V 4 / O	vas CAUSED BY: IMMEDIATE CAUSE DUE hich gave ause (a), ng cause	(a)	ONSEQUENCE OF ONSEQUENCE OF	te	rev f L	seles Leles	Los CONDITION OF	es de la companya de	1(0)		MATE INTERVAL
TIFICATION	4201 19a. DATE OF OPERATIO			PERATION WAS PER		20a. AUI YES [OPSY?	201		E FINDINGS C	ONSIDERED IN C	ERTIFYING
MEDICAL CERTIFICATION	21a. ACCIDENT WAS DR CONTRIBUTING [(If either, natify med 21d. INJURY OCCURR While Nat while at wark 22a. I certify the	CAUSE OF DEATH ICCICCL EXAMINET IN COLUMN TO THE COLUMN	P.M. INJURY (AT HD	nth Day Year 19 ME, FARM, STREET, FACT BUILDING, ETC.	IDRY.) 21f.	LOCATION Str	eet ar R.F.D. N	a.	City or Tawn		Caunty	State State
	saw the de	ceased alive and ed abave, (I) (w	man.	29	960,0	ind that in (my) (aur) a	pinian dea	th accurred	an the da	te and haur	and fram the
		Clay	Sal	me	DE DE	GREE PHYS.	X	MED. DIRECTOR	STAFF PHYS.		3 G	68
1	22d. PHYSICIAN'S NAME (Type)	OR. CLAY	DURRI	ETT		22e. Al	CUMB	ERLAN	ID, ME).		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers: should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 had VR A15 (4) 30M REV. 1 88

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION,
BREMOVAL (Specify) Apr.1,1968

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Oldtown Cemetery
ADDRESS

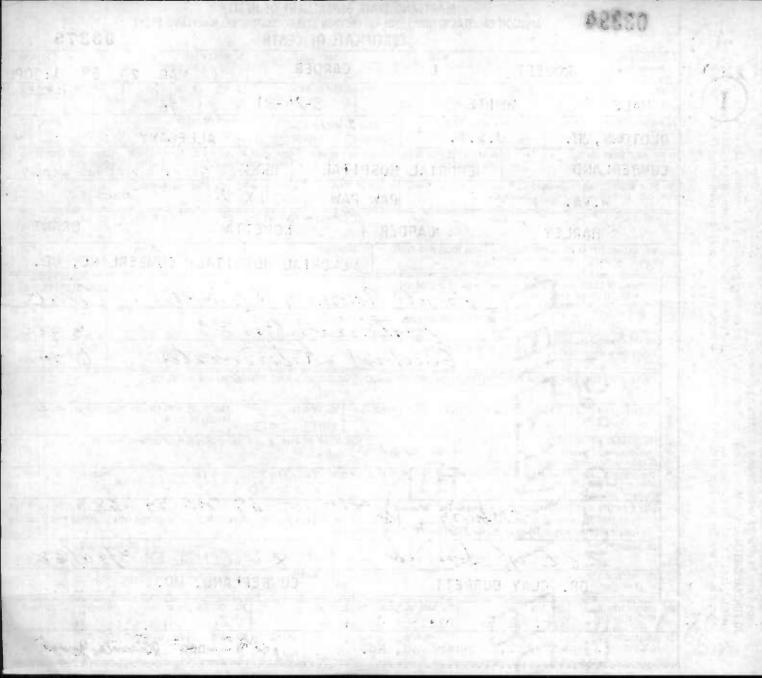
23d. LOCATION (City or Town) Oldtown

(State) (County)

Scarpelli, Cumberland, Md.

2Sa. REC'D 8Y REGISTRAR DATE ADD 1968

25b. REGISTRAR'S SIGNATURE



23c. NAME OF CEMETERY OR CREMATORY

MICHAEL'S

QUELL HOME 60 W MAIN FROSTBUR PATE MAR 1

SOWERS, HAFER-SOWERS FUNERAL

CEM

25a. REC'D BY REGISTRAR

23d. KOCATION (City or Town)

FROSTBURG, ALLEGAN

25b. REGISTRAR'S SIGNATURE

(State)

30M REV. 1/68

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

3/8/68

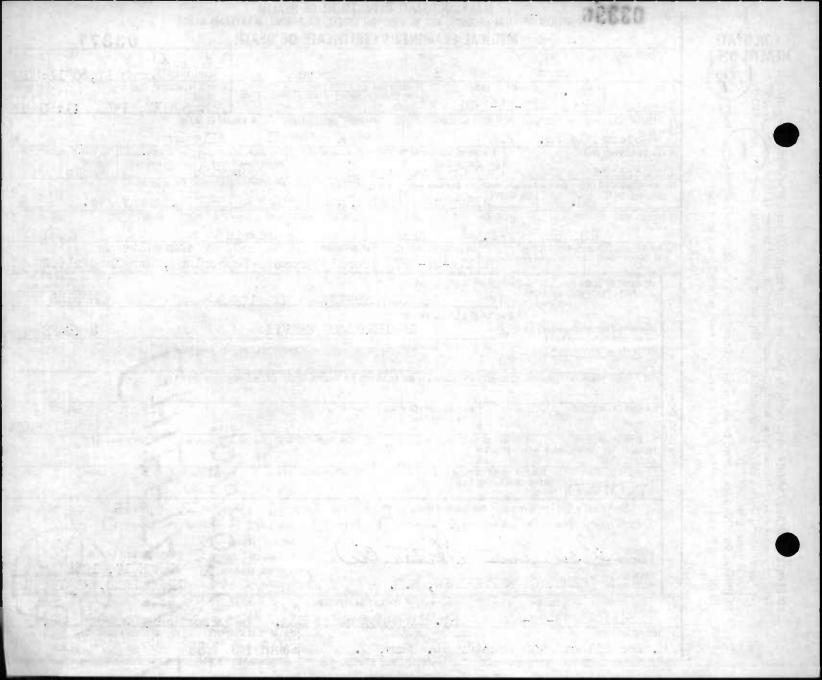
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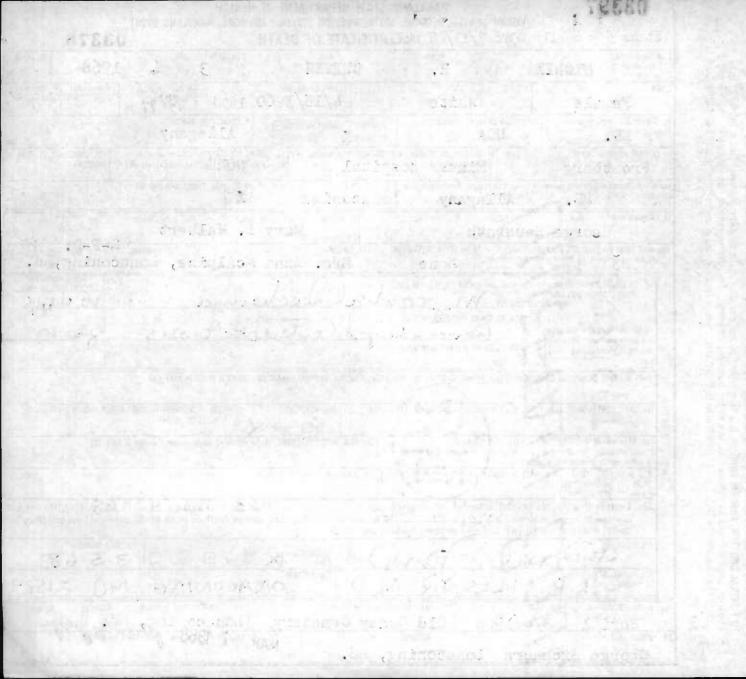
VR A15ME (5) 10M REV. 1/68

200	MARYLAND STATE DEPARTMENT OF HEALTH
O MOISIAIDA O	MARYLAND STATE DEPARTMENT OF HEALTH F VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 AMEDICAL EVANIABLES'S CERTIFICATE OF DEATH
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			=						27.4	1 6 2 6 6	
1. DECEASED-NAME (Type or Print)	First	1 5 1 1	Middle	96.0		Lost			20. DATE KNOWN Month	Doy Yeor	2b. HOUR
(Type of Fillin)	Irene		В			rowe			OF ESTI- DEATH MATED March	77.68197	17:10AM
3. SEX	4. BASTU.	S. DATE OF BIR	TH C	. AGE (In year		R 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD	21,00	2d. HOUR
Female	White	7-14-1	907	lost birthday)		DAYS	HOURS	MIN.	Month Doy March 17. 1	OSS Year mon.	I.O ARM
70. BIRTHPLACE (Sto		b. CITIZEN OF WH			MARRIED	NEVER MA	RRIED 🗌	9 COU	INTY OF DEATH	900 1713	THO AIVIN
country)Meyer					DOWED X		ORCED [Allegany		Ma
10. CITY OR TOWN C	F DEATH	11. N	AME OF HOSPITAL		-			ISUAL OC	CUPATION (Kind of work done	12b. KIND OF B	Md RO 223MIZIU
Cumberla	nd	give 50	street address) 7 Green	ay/Ave	enue		during	lous	f working life, even if retired.)		OSHIESS OK
13o. USUAL RESIDEN odmission) STATI		ed lived, if institu	ution: Residence b	efore 13c. Cl	TY OR TOWN	13	d. INSIDE CITY I		13e. STREET AND NUMBER		
odmission) STATI	Md.	13b. COUNTY	llegany	V Cumi	berlar	nd	YES N	10 🗌	507 Greenway	Ave	
14. FATHER'S NAME	First	Middle		Lost	1S. MOTH	HER'S MAI	DEN NAME	First	Middle	L	.ost
	Milton	J.	R	esh	18		De	essi	e	Arr	nold
160. WAS DECEASED E	VED IN II C ADMED E	DRCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORM			50	7 Greenmans Ave:	nue	
(Yes, no, or unknown	Wn) (If yes give v	var or dates of service)	214-07-	0575	Donal	.d Cr	rowe	Cu	mberland, Mary	land 215	502
18. CAUSE O	F DEATH (Enter onli- DEATH WAS CAUSED IMMEDIA	DV	ne for (o), (b), one CAR		ATOSIS	, G	HENDRA	LIZ	ED		ATE INTERVAL SET AND GEATH
	ony, which gove		AS A CONSEQUENC	CARCI	NOMA C	F CE	ERVIX			8 YEA	ARS
	diote couse (o), nderlying couse		AS A CONSEQUENC	CE OF							
1714	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATE	D TO THE TE	RMINAL D	ISEASE OR (CONDITIO	ON GIVEN IN PART I(o)		
190. DATE OF C	OPERATION		19b. CONDITION F WAS PERFOR		PERATION					20. AUTOF	
	OR CONTRIBUTING			y, Yeor	21c. HOW I	NJURY OC	CURRED (En	iter natu	re of injury in Port 1 or Port 2, I	tem IB.)	
21d. INJURY OG WHILE AT WORK	,	LACE OF INJURY (, lory, office buildin	At home, form, str g, etc.)	eet,	21f. LOCATIO	ON Street	or R.F.D. No.		City or Town	County	Stote
	certify that I to						psy, Homicid		spectian X, Inquiry C Undetermined monner		my opinion
ACTUAL SIGNATURE	R	dict	- lo!	takes	01)	CHI	EF MEDICAL	EXAMINI	ER		
EXAMINER'S NAME (Type)			ARELIC,			DEP	UTY MEDICA DRESS(Street		NER X MARCH 1' wn, or county CUMBERIA	7, 1968 ND, MARY	TLAND
230. BURIAL, CREMA REMOVAL (Spen Buria	cifu)	DATE 20 – 68		e of cemeter		ATORY		23 d.	LOCATION (City or Town)	(County)	(Stote)
24. FUNERAL DIRECT			A	DDRESS	- 3240 000	-50	2So. REC'I	D BY REC	D Frostburg Ga. GISTRAR 25b. REGISTRAR'S	SIGNATURE	
H. Tee S	Silcox 1	Oh Deca	tur St.	Cumb 1	Md.		MAAAR		1968 William		



Female White 4/18/19/0 1890 Section Processing The Citizen of What Country Section Processing The Citizen of What Country MD Wish Country MD MONTH MISH Country MD MISH Country MISH Country	
3. SEX 4. RACE White S. DATE OF BIRTH 4/18/1/200/1890 6. AGE (In years of box of start of box of start of	2b. HOUR
To. Birthplace (Stote or foreign country) MD. To. Birthplace (Stote or foreign country) MD. To. Birthplace (Stote or foreign country) MD. To. Citizen of what country? To. Citizen of what country. To. Citizen of	UNDER 24 HRS.
10. CITY OR TOWN OF DEATH Frostburg 110. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Prostburg 110. CITY OR TOWN OF DEATH Frostburg 110. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN of Deceased Index of the prost of the	N.
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD. 13b. ACTIVITY egany Lonaconing YES NO M. 14. FATHER'S NAME First Middle Last George Hausrath 15. MOTHER'S MAIDEN NAME First Maldle Mary L. Walbert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or with nawn) (if yes give war or dates of service) None 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) 19. Canditians, if any, which gave rise to immediate couse (a), stoting the underlying couse last. (b) Canditians of the underlying couse last. (c) DUE TO, OR AS A CONSEQUENCE OF LOSS	SINESS OR
14. FATHER'S NAME First Middle George Hausrath 15. MOTHER'S MAIDEN NAME First Middle Mary L. Walbert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of withnawn) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of withnawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a), stoting the underlying couse (b). 18. Cause of DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF (c) 19. Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (c).	
16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, of withnown) 16b. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. Anna McAlpine, Address Lonaconing, Address Lonaconing, Address Lonaconing, Approximan Between onse Oute TO, or As a Consequence of Storing the underlying couse Loss Oute TO, or As a Consequence of Storing the underlying couse Loss Oute TO, or As a Consequence of Lonaconing, Address Lo	Lost
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b).	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b). Generalized Quiterion Sclerosis DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	AND OEATH
Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Size I last.	0
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAT BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION CONDITION GIVEN IN PART 1(d) A SIGNIFICANT CONDITION SIGNIFICANT CONDITION SIGNIFICANT CONDITION COND	IFYING
The second secon	Tillo
Dia topo (If either, notify medical examiner) P.M. 19	State
220. I certify that (I) (this haspital) attended the deceased from 1963, to May 4, 1968, that (I) (we) la:
220. I certify that (I) (this haspital) attended the deceased from	d from th
DEGREE PHYS. STAFF 3.5.62 22d. PHYSICIAN'S NAME (Type) R. MILES R. M. D. 22e. ADDRESS NAME (Type) R. MILES R. M. D. 22e. ADDRESS NAME (Type) R. MILES R. M. D. 22e. ADDRESS NAME (Type) R. MILES R. M. D. 22e. ADDRESS NAME (Type) R. MILES R. M. D. 22e. ADDRESS NAME (Type) R. M. D. 22e. ADDRESS NAME	
9 8 2 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
REMOVAL (Specify) 3/6/1968 Old Coney Cemetery Lonaconing, Md. VR A15 (4) 300M REV. 1/68 REMOVAL (Specify) 3/6/1968 Old Coney Cemetery Lonaconing, Md. ADDRESS George Eichhorn Lonaconing, Md. DATE REMOVAL (Specify) 3/6/1968 Old Coney Cemetery Lonaconing, Md.	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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Page 4 may be retained by the hospital or attending physician.

Page 4 moy be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	/					CERTIFIC	CALE OF DEATH			VUUI	
		CEASED-NAME ype ar print)	First WAL	TER	MiddleSPE	NCER	DAVIS	2a. DATE OF	MARCH 29	b.1968	2b. HOUR
1	3. SE	v		4. RACE	T STREET	6F	S. DATE OF BIRTH		6. AGE (In years	I IF LINDER 1 YEAR	5:00PM
ľ	3. JE	MALE		4. KALL	WHITE		3-9-1897	7	last birthday) YRS.	MONTHS DAYS	HOURS MIN
	7a. E caun	IRTHPLACE (State or for try) PENNA.		'b. CITIZEN (U.S.A.	B. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	ALLEGAN	Y	Md.
		OR TOWN OF DEATH	RLANI		11. NAME OF HOSPITAL OR IN give street address) MEMORIAL	HOSP	ITAL JET		(Kind of work done life, even if retired.) Y—CELANES		BUSINESS OR
		USUAL RESIDENCE (Whe ssion) STATE	re deceased	lived, if in 13b. COU	stitution: Residence befare	13c. CITY O		LIMITS? 13e. STR	REET AND NUMBER		
	14. F	ATHER'S NAME Fire	st ANK	Mid	dle Lost DAVIS		S. MOTHER'S MAIDEN NAME	First CARRIE	Middle	RU	B Y
		was deceased ever in es, na, or unknown)	U.S. ARME (If yes give war		16b. SOCIAL SECURITY 214-07-49		INFORMANT MEMORIAL	HOSPITA	Address CUMB	ERLAND	, MD.
		PART 1. DEATH W. Conditions, if any, which is a immediate castoting the underlyin last. PART 2. OTHER SIGNIE	ich gave use (a), g cause	E CAUSE (a) DUE TO, (b) DUE TO, (c)	OR AS A CONSEQUENCE OF	1	o the terminal disease or	CONDITION GIVEN	JIN PART I/O	1/2	wifn
١	NO	4201	CANT COND	ITIONS CON	IKIBUTING TO DEATH BUT N	OI KELAIED I	O THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART I(d)	100	
	CERTIFICATION	19a. DATE OF OPERATION	1 19b. CC	ONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALICTO	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	MEDICAL CES	21a. ACCIDENT WAS U OR CONTRIBUTING CA (If either, natify medic	AUSE OF DEATH	HOUR	P.M. 1	9	IOW INJURY OCCURRED (Ent		y in Part 1 ar Part 2,	, Item 1B.)	
	ME	21d. INJURY OCCURRED While Nat while at wark		300			OCATION Street or R.F.D. No	1:	or Town	County	State
		22a. I certify tha saw the decr causes state	t (I) (this eased ali d abave,	haspital) ve an (I) (we) (did) (did nat) view the	ed from 9far bady after	id that in (my) (aur) ap	inian death a	curred on the d	ate and haur	t (I) (we) last and fram the
		22b. SIGNATURE	Sh	M		DEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS. 3	DATE SIGNED	18
			R. B		HINDLER			RLAND,			
9		BURIAL, (REMATION, REMOVAL (Specify)	23b. D/ Ma.r			ew Chi	ristian Cem.	Near	(City or Town) Chaneysv		edfd Pa
	24.	FUNERAL DIRECTOR	Hafer	dr	230 Balto		mberland IF	AR 2 6	25b. REGISTRAR	S SIGNATURE	udge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03350 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A after deoth. (Type or print) DAVID R. Month . 1988 DILLINGER MARCH : 504 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNCER 24 HRS. 6. AGE (In years MALE WHITE last hinthdoy) SEPT.4, 1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countp)ENNA. U.S.A. ALLEGANY WIDOWED [DIVORCED | low requires that the death certificate be executed within 24 within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY CUMBERLAND MEMORIAL Correspondent Dun Bradstreet event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTALLEGANY CUMBERLANDES 320 COLUMBIA STREET ond in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle ERNEST DILLINGER AVERELLA JONES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) MEMORIAL HOSBITAL. CUMBERLAND, 217-10-665/ APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗌 O FUNERAL DIRECTOR: After this certificate be retoined by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from_ , and that in (my) (our) opinian death occurred on the date and hour and from the resaw the deceased alive on___ causes stated above, (1) (w) (did) (did hat) view the bady after death. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, poge should be filed PHYS. DIRECTOR PHYSICIAN'S DR. HOWARD TOLSON NAME (Type) CENTRE STREET, CITY 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 William G. Kight Cumberland.

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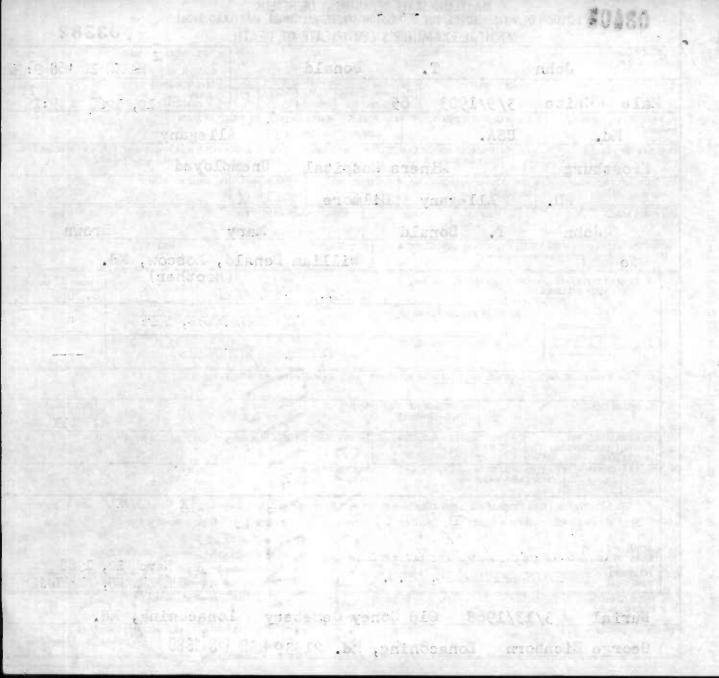
03400 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03381 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Doy Year (Type or Print) MARCH 29,060 delay 12 Poge 0 DEATH MATED Charles Dohm Henry IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4 RACE 5. DATE OF BIRTH AGE (In years HOURS lost birthday) Departr April 7. Male White YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED T DIVORCED Allegany Maryland II S in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done ofter death 12b. KIND OF BUSINESS OR during most of working life, even if retired.) WENTORTAL HOSPITAL-DOA Cumber land Coal Miner 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER land 2 with 13b. COUNTY Allegany YES NO Cumberland 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First (Dohm) Jesse Delmer 当美术长光光光光色的 Dohm Bertha Medicol Exominer's pages hours T.ee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no or unknown) (If yes give wor or dates of service) James Dohm. 19 W. Roberts St. Cumberland, Md = 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) CORONARY OCCLUSION SIDDEN DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave THROMBOSIS, LEFT CORONARY rise to immediate couse (a), This certificate should the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. pe i should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY CONTRIBUTING HOUR A.M. MEDICAL cremation. EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection X. Inquiry X, and in my apinian Natural causes X. Accident Suicide Homicide death resulted fram: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL moy be re FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE MARCH 29. 1968 DEPUTY MEDICAL EXAMINER EXAMINER'S Heolth BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or coun UMBERLAND . MARYLAND NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify)
Burial Md Allegany 1968 Allegany County Cemetery Cumberland 250. REC'D BY REGISTRAR OF 1968 24. FUNERAL DIRECTOR Cumberland Balto Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

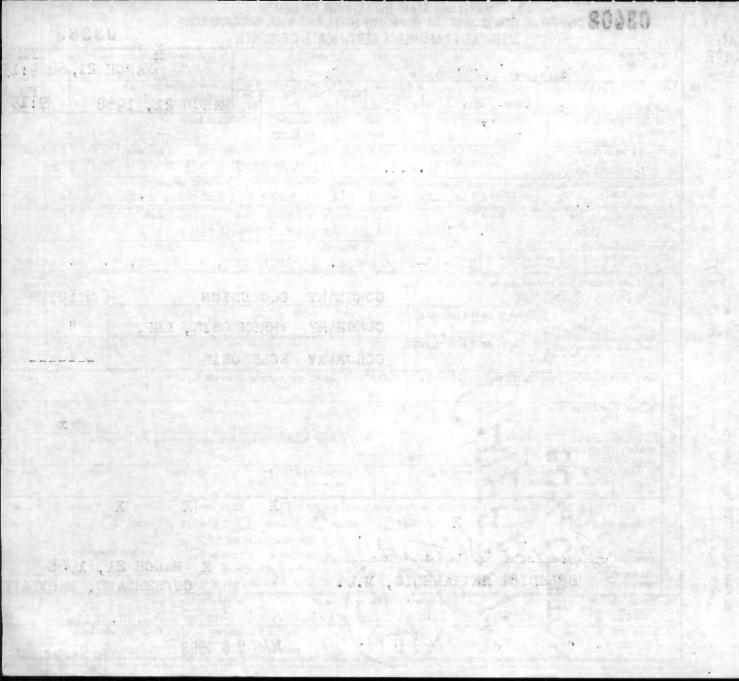
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03382 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT 1. DECEASED-NAME 2a. DATE KNOWN First Middle Month Doy (Type or Print) Donald John DEATH MATED MARCH 10 168 IF UNDER 24 HRS. 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH MONTARCH Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. USA. WIDOWED | DIVORCED | Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life oven if retired.) Frostburg Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1 legany admission) STATE Gilmore pencil in Item 1 ofter 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First John Donald Brown Marv Examiner's poges hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, orunknown) William Donald, Moscow, Md. Brother = APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF THROMBOSIS, LEFT CORONARY Conditions, if any, which gave rise to immediate cause (a). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO 21 a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy A, Inspection X. Inquiry X, and in my apinion death resulted fram: Natural causes X, Accident , Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL the funeral ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED March 10. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. ADDRESS(Street, city, town, or count@UMBERLAND. MARYLAND NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 3/13/1968 Old Coney Cemetery Lonaconing, Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Lonaconing, Md. 21599 MAR 13 George Eichhorn

MARYLAND STATE DEPARTMENT OF HEALTH

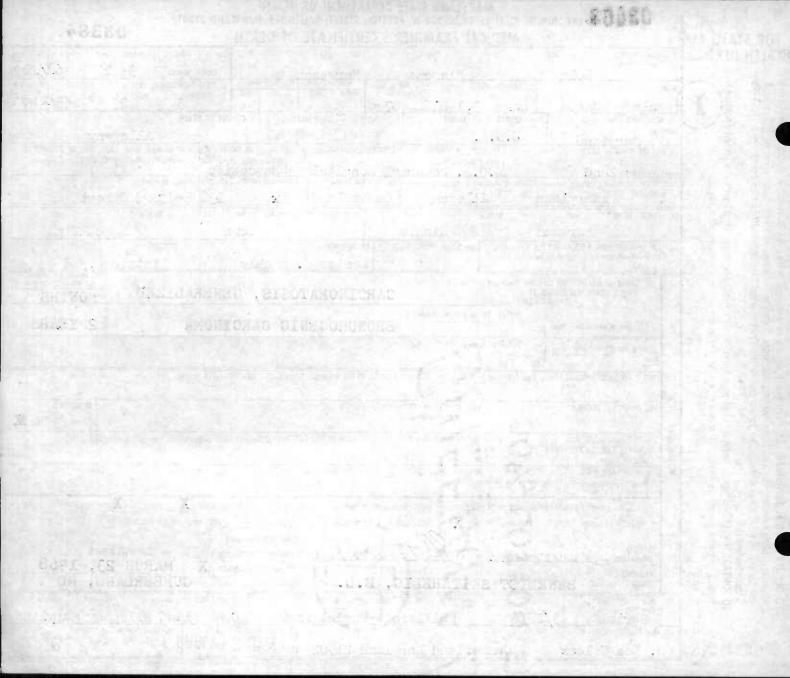


MARYLAND STATE DEPARTMENT OF HEALTH 03402 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle 20. DATE KNOWN Month Day Yeor (Type or Print) DEATH MATED MARCH 21.68 Brondell Dver Hubert 30 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 6. AGE (In years pup Dec. 26, 191 White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia WIDOWED | DIVORCED Allegany USA State in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) .A. Memorial Hospitos postr working life, even if retired.) Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Allegany Cumberland admission) STATE Potomac Park YESKEN NO hours and 2 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Last Nellie Brown Cain John W. Dyer hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil be executed within (Yes, no, or unknown) Mrs. Doris Marks, Ridgeley, W. Va. Sister 217-10-6450 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION MINUTES pending IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY THROMBOSIS. LEFT Canditions, if any, which gave rise ta immediate couse (o), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CORONARY SCLEROSIS _ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19g. DATE OF OPERATION WAS PERFORMED? YES NO NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I taok charge af the remains described above, held an Autopsy 3. Inspection X. Inquiry X, and in my opinion Accident . Suicide Noturol couses X death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER MARCH 21. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health BENEDICT SKITARELIC, M.D. NAME (Type) ADDRESS(Street, city, town, or coun OUMBERLAND, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 50 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) March 24,1968 Sunset Memorial Park Cumberland, Md. Allegany 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md. James F. DATEMAR 2 6 VR A15ME (5) 1968 Clisvelly



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03384 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME Middle 2b. HOUR 2a. DATE KNOWN (Type ar Print) ESTI-OF Poge 2:07N 0 af DEATH MATED 1960 Lola Blanche Fergusor deloy and 3 t and 2 with the State Department 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 1968/2:07 M March 3,1901 White 67 YRS emale 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form DIVORCED in Item 18. Give Poges 1 U.S.A. WIDOWED Allegany Maryland hours after deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)
Housewife **INDUSTRY** give street oddress) Memorial Hospital Cumberland 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany admission) STATE Maryland 138 Bedford Street Cumberland YES NO after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last First Middle Hinkle McElfish Bergman Dora **Exominer's** poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS within pencil (Yes, no, ar unknawn) (If yes give war or dates of service) Lester S. Hinkle Flintstone. Ei Ei APPROXIMATE INTERVA = within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH permit. Medical PART 1. DEATH WAS CAUSED BY CARCINOMATOSIS, GENERALIZED pending MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **burial-tronsit** should be forwarded to the Chief BRONCHOGENIC CARCINOMA 2 YEARS Canditians, if any, which gove rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IX the certificate. 21a. EXTERNAL CAUSE WAS 3 should l 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. No. City or Town County State Page factory, affice building, etc.) NOT WHILE burial Inspection A. moy be retained for FUNERAL DIRECTOR: 220. 1 certify that I took charge of the remains described above, held on Autopsy Inquiry X ond in my opinion Notural couses X Suicide Homicide deoth resulted from: Accident Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 1968 MARCH 23. DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, tawn, ar counCUMBERLAND. NAME (Type 50 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23h DATE 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 3/26/68 Hillcrest Burial Park Cumberland Allegany Maryland Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISJRAR'S SIGNATURE 26 VR A15ME (5 H. Lee Silcox Cumberland Maryland 21502 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Paggishauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs of Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

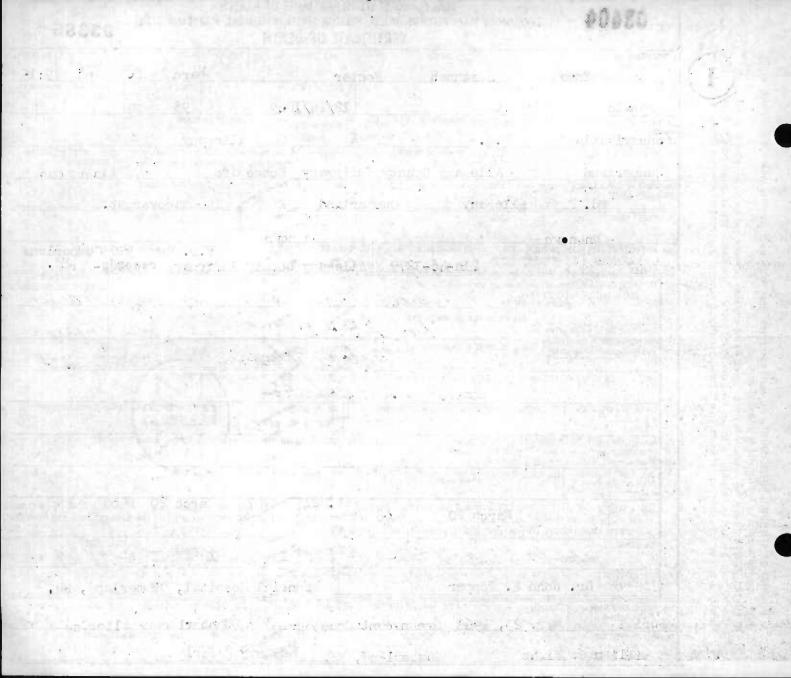
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03385

1		CEASED-NAME First		last	2a. DATE OF DEATH Month	year 9:15
1	3 SE	Forma:	Susannah 14. RACE	Foster S. DATE OF BIRTH	March 20	68 9:15
auld be detached far use as the burial-transit permit. Then please remaye carban papers. Page 3. 2EX Logical Logical Logical Land of the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs of the Logical Logic	Female	White	12/24/1869		MONTHS DAYS HOURS MIN	
	70. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	coun	ennsylvania	U.S.	WIDOWED TO DIVORCED	Allegany	,
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
10		Cumberland		nty Infirmary Hou	nost of working life, even if retired.) Sewife	Own Home
		usual RESIDENCE (Where deceded	sed lived, if institution: Residence before 13b. COUNTY Allegany		13e. STREET AND NUMBER 13e. STREET AND NUMBER 13e. STREET AND NUMBER	t.
1	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
		Unknown	1	Unknown		
	16a. Y	WAS DECEASED EVER IN U.S. ARI	war or dates of service)			9 Cumberland
		es, no, or unknown) (If yes give v	214-46-32	79 Allegany Coun	ty Infirmary recor	ds_FurMd.
		1B. CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and (c)	0/.		APPROXIMATE INTERVAL BETWEEN DYSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI	ED BY: ATE CAUSE (a)	vaumountes	appro	or. + days.
		412.9	DITE TO OR AS A CONSEQUENCE OF		00	
		Conditions, if any, which gave	Phis	v. A.S. H.D	Mari	MARKE
		rise to immediate cause (a), stoting the underlying couse	DUE TO DO 45 4 CONSTRUCT OF	- / /	. /	- June
		last.	(0)	antyrio Seler	esis ma	us 4 apres .
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO, THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(a)	// / ****
	_	4200	Squil 9	mal mutrition	10/10/10	
	TION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
2	TFIC			YES NO F	CAUSES OF DEATH?	
	CERT	21a. ACCIDENT WAS UNDERLYII			er nature of injury in Port 1 or Port 2, It	em 18.)
	Z	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Day Year			
Ĭ	MED		iner) P.M. 15 . PLACE OF INJURY (AT HOME, FARM, STREET, FAC		o. City or Town	Caunty Stote
		22a. I certify that (I) (the	nis hospital) attended the deceose alive on March 20 1 e, (I) (we) (did) (did not) view the	ed from Feb. 21 , 198 1968, and that in (my) (aur) ap	57 , to March 20 , 19 pinion death occurred an the dat	68_, that (I) (we) lo e ond hour and from t
		22b. SIGNATURE	2			ATE SIGNED
		John o	W Franker m	DEGREE PHYS.	MED. DIRECTOR X STAFF X 3-	21-68
1		22d. PHYSICIAN'S		22e. ADDRESS		70, 0,
		NAME (Kype) Dr. Jo	ohn A. Topper	Memoria.	l Hospital, Cumber	land, Md.
	,					
- 1	23o	BURIAL CREMATION 1 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	1 23d. LOCATION (City or Town)	(County) (State)
	23o.	DEMOVAL (Cnaciful)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	В	DEMOVAL (Cnaciful)	DATE 23c. NAME OF 23c. NAME OF Green ADDRESS	mount Cemetery	23d. LOCATION (City or Town) Cumberland A BY REGISTRAR 2Sb. REGISTRARS	Md.



5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, ead 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death TO DEPUTY

VR A15ME 3

MARYLAND STATE DEPARTMENT OF HEALTH 13405 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			MILDICAL	- LYMMINTER 2	CEVIIII	CHIL	OI DEN	4111				
	Ype or Print)	Sara	irst Zh	Middle Virginia		last limo)	re	2	o. Date Known Of Esti- Death Mated	_	Doy Year 25, L96	8 thouse
3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In yellast birthda	ours IF UNDE	ER 1 YEAR DAYS	IF UNDER 24 HOURS	HRS. 2	c. DATE PRONOU!	ICED DEAD		2d. HOUR
F	emale	Cau.	May 15,	1886 81	YRS. MONINS	DATS	HOUKS	min.	Month	25 89	68 Year	S.UUA M
	BIRTHPLACE (Stot	e or foreign	76. CITIZEN OF WHAT C		MARRIED [NEVER MAR	RIED	9. COUNT	Y OF DEATH			/2 11 1
caun	try) Va.		U.S.A.	Manual Control	WIDOWED 🔀	DIVO	RCED 🔲		Allega	ny		Md
	ITY OR TOWN O		11. NAME give_stree	OF HOSPITAL OR INSTITU	TION (If not in				PATION (Kind of yorking life, ever		126. KIND OF BU	
_			eased lived, if institution				I. INSIDE CITY LIM		3e. STREET AND N		0.370 .	
	lmission) STATE				umberl		YES 🔀 NO		128 Han		t.	
14. F	ATHER'S NAME	First	Middle	Last	1S. MOTI	HER'S MAID		First		Middle	La	st
		Monro		Sayers			M	lary			Law	son
160.	WAS DECEASED EN	ER IN U.S. ARME	1 1 1 4 1 1	. SOCIAL SECURITY NO.	17. INFORM						umb. Md.	
1,	es no or unknov	All) (II yes g	give war ar dates of service) 2	25-32-0989	Mr.	Bla	ine C.	. Gal	Plimore	316 M	t. View	Dr.
	18. CAUSE OF	DEATH (Enter DEATH WAS CAU	anly ane cause per line for	or (o), (b), and (c).)	unu d	200111	07.011				APPROXIMAT BETWEEN ONSE	T AND DEATH
A	410	IMME	DIATE CAUSE (a)	CORON	IAKY (CCLU.	SION				SUDD	EN
		iny, which gave	DUE TO, OK AS A	A CONSEQUENCE OF	ากสนากเ	, 00	LEDAGT	7.0				
6	rise ta immed	liate cause (a)	(b)		PRONARY	SC	LE RUSI	15				-
Ú.	stoting the ur	derlying couse	DUE TO, OR AS	A CONSEQUENCE OF								
1			, (c)									
	PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TE	RMINAL DI	SEASE OR CO	NOITION	GIVEN IN PART 1	(a)		
CERTIFICATION	19a. DATE OF C	PERATION	196	. CONDITION FOR WHICH WAS PERFORMED?	OPERATION						20. AUTOPS	
MEDICAL CER		R CONTRIBUTING	G 21b. TIME OF INJU HOUR A.M. P.M.	IRY Manth, Day, Year	21c. HOW I	NJURY OC	CURRED (Enter	er nature	af injury in Port	1 or Part 2, Ite	m 18.)	
MED	21d. INJURY OC		e. PLACE OF INJURY (At he		21f. 10CATIO	ON Street of	or R.F.D. Ng.		City or Town		County	State
	WHILE N		factory, affice building, et									
	22o. I	certify that	I taak charge af the r	emoins described at	ave, held a	n Autaj	psy ,	Inspe	ection χ ,	Inquiry X	, and in r	ny opinion
1	death re	sulted from:	Notural couses	X, Accident], Suicide		Homicide			d manner		
1		1	. , (/	CHIE	F MEDICAL EX	XAMINER		1500		
	ACTUAL SIGNATURE	Deni	det Or	Citarele	e)		STANT MEDICA		NER 🗆	22b. DATE S	IGNED	
要	EXAMINER'S NAME (Type)	BENE1	DICT SKITAR	ELIC, M.D.			JTY MEDICAL RESS(Street, c		1.11	RCH 25	L968 VD MAR	VIANO
23a.	BURIAL, CREMA	TION, 23	Bb. DATE	23c. NAME OF CEME	TERY OR CREM				OCATION (City ar			State)
	REMOVAL (Spec	ity)	3/27/68	Hillcres	t Buri	al P	ark	Cu	umberlar	id. Alle	egany.	Md.
24.	FUNERAL DIRECT			ADDRESS			2Sa. REC'D E	BY REGIS	TRAR 2Sb.	REGISTRAR'S SI	IGNATURE	Trans.
	11	. Wayne	e George Ci	umberland.	Md.	3444	DATE MA	R 2	8 1968	gelia	when you	yes .

MARYLAND STATE DEPARTMENT OF HEALTH MARTLAND STATE DEPARTMENT OF HEALTH OF MERCENDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH		03	381
I. DECEASED-			Middle	Lost	ALC: N	20. DATE KNOWN M	onth Day	Yeor 2b. HOUR
(Type ar F	PAUI	ն	В.	HAIN	ES	DEATH MATED 3	-4-68	3 7:20P
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEA		2d. HOUF
MALE	WHITE	JUNE8, 1			HOURS MIN.	MARCH LDoy	1968	3 19 7:20 1
70. BIRTHPLA		b. CITIZEN OF WHAT C		MARRIED NEVER MARE	RIED 9. COL	JNTY OF DEATH		
cauntry)	MD.	USA	W	IDOWED DIVOR	CED X	LLEGANY		N
	TOWN OF DEATH	II. NAME	OF HOSPITAL OR INSTITUTI	ON (If not in haspital	12a. USUAL OC	CCUPATION (Kind of work d	one 12b. K	CIND OF BUSINESS OR
CITME	BERLAND	give street	CRIAL HOS	DTWAT -DOA	dwith west &	D BRAKEMAN	d.) INDUS	WIL ROAD
13o. USUAL F	RESIDENCE (Where decease	ed lived, if institution	: Residence before 13c. Cl	ITY OR TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
admissian)	STATE PA.	13b. COUNTY BE	DFORD HY		YES NO X	RT 1 HYNDN	MN,	PA.
14. FATHER'S		Middle	Last	15. MOTHER'S MAIDI	EN NAME First	Middle		Last
	THEODO	RE	HAINES		AME	VA		BEALL
	EASED EVER IN U.S. ARMED FO	ORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT	0.70	ADDRESS	-	
(Yes, no, or	r unknown) (If yes give w	var or dates of service)	548-28-98	DOROTHY	(STATES	S) HAINES	BEDF	ORD, PA.
	AUSE OF DEATH (Enter only			AT DOILGEIT	(2011			APPROXIMATE INTERVAL
10. CA	ADT I DEATH MAC CALICED	DV		RONARY C	CCLUSI	ON		BUDDEN
4	109 IMMEDIA	TE CAUSE (a)	A CONSEQUENCE OF	HOMENTE C	COHODI	011	3	Maddon
Conditi	ians, if ony, which gove		CONSEQUENCE OF	CORONARY	THROM	BOSIS		
rise to	immediate cause (a),	(b)	A CONSEQUENCE OF					
last.	the underlying cause	DOE 10, OK AS	A CONSEQUENCE OF	CORONAR	Y SCL	EROSIS		
DADT 2	OTHER SIGNIFICANT CONDIT	(c)	TO DEATH BUT NOT BELATE					
	201	HONS CONTRIBUTING	IO DEATH BUT NOT KELATI	ED TO THE TERMINAL DIS	EASE OR CONDING	IN GIVEN IN PAKT I(d)		
2 /	ATE OF OPERATION	19b	CONDITION FOR WHICH (OPERATION			1:	20. AUTOPSY?
FICA			WAS PERFORMED?					YES NO
21g, EX	TERNAL CAUSE WAS	21b. TIME OF INJU	RY Month, Day, Year	121c HOW INJURY OCC	URRED (Enter natu	re of injury in Part 1 or Par	t 2 Item 181	
	RY OR CONTRIBUTING	HOUR A.M.	19		(E.MOT MOTO	or safety in that I of the	2, 110111 10.7	
	OF DEATH JURY OCCURRED 21e P	P.M. LACE OF INJURY (At he		21f. LOCATION Street or	R F.D. No	City or Town	Cour	inty Stote
		tary, office building, et	c.)			ori or roun	2001	31016
		-11		on boldon A .		N CT / ·		1.
						spection 🔼 , Inquir		ond in my apinio
de	eath resulted tram:	Natural causes	Accident []	, Suicide [_],	Homicide []	, Undetermined mar	iner [_]	
ACTU	AL R	1. + 8	1 1		MEDICAL EXAMIN			
	ATURE LINE	dict &	Marelia			WHITHER	DATE SIGNED	
	INER'S BE ME	DICT SKI	TARELIC, I	DEPU'	TY MEDICAL EXAM		h 4.	7909
					RESS(Street, city, to			
REMOX	, (REMATION, 23b. (AL (Specify) RIAL MAR			ry or crematory to Cemeter;		LOCATION (City or Town) Hyndman		
24. FUNERAL		7, 1968	ADDRESS					78
Z4. PUNEKAL			AUUKE33		DATE MAR	GISTRAR 1968Sb. REPOST	THE YEAR	DK STORES
3/1-17-	iom C KIGHT		CIIMPEDT AND	MD	DATE	0		

CUMBERIAND, MD

VR A15ME (5) 10M REV. 1/68

KIGHT

C

William

TO DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	٠			ERTIF	ICATE OF	DEATH				(133	88	
1. DECEASED-NAME	First		Middle		Last		2a. DA	TE OF DE		Da	V	2b.	HOUR
(Type or print)	Jean		Mae		Hansro	te]	Month March	1 19	968	6	AM
3. SEX		4. RACE	7-4-1		S. DATE OF E	BIRTH		6.	AGE (In years ast birthday)	IF UNO	ER 1 YEAR DAYS	IF UNDER	R 24 HRS.
Fema1	е	W	hite		March	17. 189	13			RS.	DATS	HOUKS	MIN.
70. BIRTHPLACE (Stote	or fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNT	TY OF DE	ATH				
Penns	ylvania	USA		WIDOWI	DIVO	RCED _	A	Alleg	gany				Md
	erland	Cu	AME OF HOSPITALOS N street oddress) mberland N	ursir	ng &	auring mo	urses	Alc	even it refire	2.) [HYL	KIND OF OUSTRE	isir	nger
13o. USUAL RESIDENCE	(Where decease		ion: Residence before		OR TOWN	13d. INSIDE CITY LII	_	3e. STREET	AND NUMBER				
odmission) STATE Maryle	and	Allega	any	Cumb	erland	X		16	4th S	treet			7
14. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S A	MAIDEN NAME F	irst		Middle			Last	
	Thomas		Kear			A	bbie			190	R	oup	
16a. WAS DECEASED E Yes, no, or unknow		D FORCES? r or dates of service)	16b. SOCIAL SECURITY I	160	7. INFORMANT Caward C	Hansr	ote.	-510	Address Bopp		umbe	rla	nd Md
PART I. DE. 153. Conditions, if ar rise to immedi stoting the uncleast. 153.	ATH WAS CAUSED IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIATE IMMEDIA	BY: E CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF CONSEQUENCE	of s In		line.	cen n s	for -ce	n esd rebr	e	BETWEEN C	mate inter onset and o	DEATH
20.0	SIGNIFICANT CONE		iting to DEATH BUT N			AL DISEASE ORC				K			
190. DATE OF OPE	RATION 196. C		HICH OPERATION WAS PE	RFORMED	2Do. AUT	NO NO	C	AUSES OF				ERTIFYING	G
OR CONTRIBUTING	WAS UNDERLYING CAUSE OF DEATH medical examine	HOUR A.M. P.M.	Manth Day Year	,	HOW INJURY O		X X		Part 1 or Part	2, Item 18	ł.)		
While Not vo	vhile		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		. LOCATION Stre			1		Cou			Stote
saw the	deceased ali	ve an 2	ended the decease 29_1 (did nat) view the	965,	and that in (r	, 19_4 ny) (aur) api	طب), to nian de	aath acc	urred an the	19 <u>68</u> date an	d haur	(I) (w and fro	/e) las am the
22b. STGNATURE	emas	74	uis ,	400	ATTEND EGREE PHYS.		NED.		TAFF	3 P	GNED C	8	

23c. NAME OF CEMETERY OR CREMATORY

Balto Ave., Cumberland

UM B

Hillcrest Burial Park | Near Cumberland All ADDRESS | 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATEMAR

23d. LOCATION (City or Town)

1968

(County)

Alleg

(State)

Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Soneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

PHYSICIAN'S NAME (Type)

23b. DATE

Hafer,

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

John J.

22d.

and the second second second A SHOUND OF THE STATE OF THE PROPERTY OF THE P Chadney and constitute and an arrange of the besides and the besides and and the figures are also the same and the same of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

50	4)	1731	0	6 0
0	13	3	0	30

			C	EKTIFICA	IL UF	DEATH				033	83
1. DECEASED-I			Middle	7.1	Lost		2o. DATE OF		Davi	V	2b. HOURA
(Type or p	rint) Iren	2	Rose	На	zelton		Marc	h Month	5, Doy	68 Teor	7:00 N
	male	4. RACE Whit		S	May 2	5, 1925		6. AGE (In y	eors oy) YRs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLA country) I	CE (State or foreign line)	U. S. A.		8. MARRIED K WIDOWED	DIVOR	ILU_	COUNTY OF Alleg				Md
	own of death aptown,	11. NAME give street	OF HOSPITAL OR INST toddress) Alon	ITUTION (If not g U. S	in hospital	120. USUAL during most				12b. KIND OF INDUSTRY Vrug.	
	ESIDENCE (Where deceosed STATE Maryland		Residence before			3d. INSIDE CITY LIMIT YES NO		reet and null		t. # 22	0
14. FATHER'S	NAME First Peter	Middle	Lost Jerosk		MOTHER'S MA	IDEN NAME First			Aiddle	Le	lost SS ner
160. WAS DE Yes, no, or	CEASED EVER IN U.S. ARME unknown) (If yes give wor	1 1 1	5. SOCIAL SECURITY NO 358-14-56		ORMANT G. R	ex Haze	lton.		ddress 5 Cu		
Condition rise to	JSE OF DEATH (Enter only RT I. DEATH WAS CAUSED IMMEDIATI Ons, if ony, which gove mmediate couse (a), the underlying couse	BY: E CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	of the	ove	ry				BETWEEN O	ONSET AND DEATH
PART 2	OTHER SIGNIFICANT COND	(c) ITIONS CONTRIBUTING ONDITION FOR WHICH (THE TERMINAL 200. AUTOI		20b. IF			ONSIDERED IN CE	ERTIFYING
□ OR CO	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE PROPERTY CAN BE A COUNTY OF THE PROPERTY OF THE PROPERT	r) HOUR A.M. M	lonth Doy Yeor			JRRED (Enter n	190	ry in Port 1 o	r Port 2, li	tem 1B.) County	State
at work 22a. I	certify that (!) (this aw the deceased aliauses stated abave,	haspital) attend	ed the deceased	d fram 3	- 6 that in (my		7, ta_Sian death o	3accurred ar	the dat	te and haur	(I) (we) last and fram the
22d. PH	NATURE IVSICIAN'S IME (Type) Lieuis	Brings, M	1.D.	DEGREE	ATTENDIN PHYS. 22e. ADDI		ector \square	STAFF PHYS. C		3-5	-68
100000	(Specify) 3/	ATE 1/68	23c. NAME OF C		ial Pa	rk.	Cumber	ON (City or To	Al	(County) Legany	(Stote)
24. FUNERAL	DIRECTOR Vayne George	e Cumberlo	and, Mary	land		250. REC'D BY	REGISTRAR 15	968 ^{Sb. RE}	GISTRAR'S	SIGNATURE	the .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

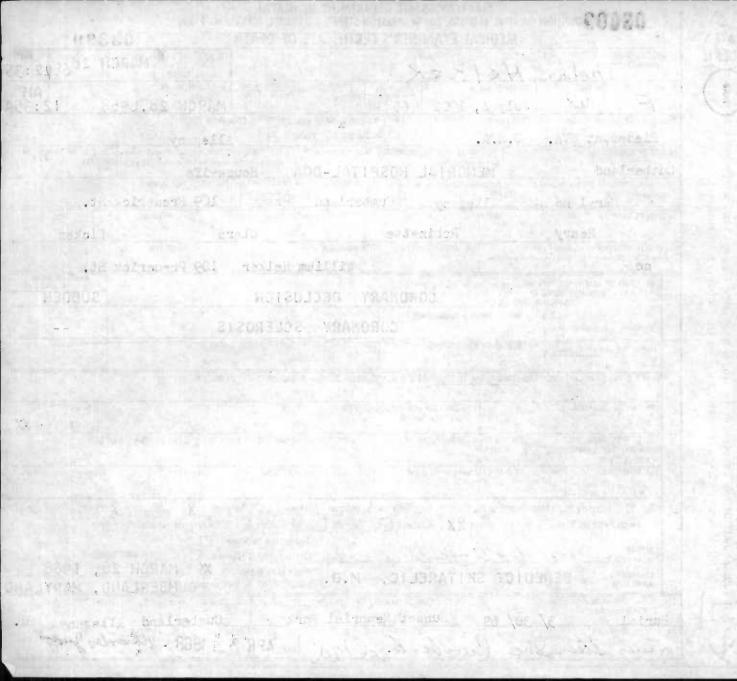
Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and in shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 12 haurs after death.



VR A15ME (5) 10M REV. 1/68 0

MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH PROPERTY OF MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH PROPERTY OF MARYLAND 21201

	MIEDIN	AL EXAMINER 3	CENTIFICATE OF DE	CAIN	47.3	43 1 17	t galls
1. DECEASED-NAME (Type or Print)	First	Middle	Lost	2a. DATE KI	NOWN MARC	H 28681	2b. 143.04
Ineli	na He	Kek		DEATH A	NATED	168	12:36
3. SEX 4. RACE	5. DATE OF BI	last birthday)	MONTHS DAYS HOURS	MIN. 2c. DATE PR	ONOUNCED DEAD	- Vaa-	2 NOUR
F W	JULY 4	, 1902 65 YF	25.	MARC	H 28 L96	8 Yeor 19 1:	2:354
7o, BIRTHPLACE (State or foreign			MARRIED NEVER MARRIED	9. COUNTY OF DEAT	гн		
Piedmount W	VA. U.S.A		DOWED DIVORCED	Allega			Md.
O. CITY OR TOWN OF DEATH Cumberland	give give	AME OF HOSPITAL OR INSTITUTION		JSUAL OCCUPATION (Ki g mast of warking life	, even if retired.)	2b. KIND OF BUSI NDUSTRY	NESS OR
	deceased lived if instit	stian: Pasidonea hafara 13c (II		Housewife LIMITS? 13e. STREET			
odmission) STATE	nd 13b. COUNTY	Legany Chin	eberland YES	NO 109	Frederick	St.	
4. FATHER'S NAME First	Middle	Lost	Is. MOTHER'S MAIDEN NAME	First	Middle	Lost	
Hen	rv	Robinette	- CG/ TA1/	Clara		Dicken	
60. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ozara	ADDRESS	DICKEH	
(Yes, no, or unknown) (I	f yes give war or dates at service)		William Hell	cer 109	Frederick	S+	
18. CAUSE OF DEATH (E	nter only one couse per l	ine for (a) (b) and (c).)	Manage and Model		Tever 10 k	APPROXIMATE	
PART I. DEATH WAS		CORONAF	RY OCCLUSIO	N		SUDDE!	
4109		AS A CONSEQUENCE OF			E OF SHI		
Conditions, if ony, which	gave)		RONARY SCLE	ROSIS			
rise to immediate cause stating the underlying of	0 (0),	AS A CONSEQUENCE OF		The state of		- Libert	1,000
last.) (0)					363 19	
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN P	ART 1(a)		
2 4201							
190. DATE OF OPERATION		19b. CONDITION FOR WHICH O	PERATION			2D. AUTOPSY	?
		WAS PERFORMED?				YES 🗆	NO XX
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTED OF CONTRIB		INJURY Manth, Doy, Year	21c. HOW INJURY OCCURRED (Er	nter noture of injury in	Port 1 or Port 2, Item	n 18.)	
PRIMARY OR CONTRIBU		m. M. 19					
ZIG. HOOK! OCCORNED	21e. PLACE OF INJURY		21f. LOCATION Street or R.F.D. No	. City or	Town	County	Stote
WHILE NOT WHILE AT WORK	factory, office building	ig, etc.)	Challenge Carl				
	hot I took charge of t	he remoins described obo	ve, held on Autopsy ,	Inspection X	, Inquiry 🔭	ond in my	opinion
		ses XX Accident .			mined monner	7	оринон
2		, (, , , -	CHIEF MEDICAL				
ACTUAL SIGNATURE	nedict	Ak Tarel	4 /	DICAL EXAMINER	22b. DATE SI	GNED	
	PENEDICT	CKITADELIC	DEPUTY MEDICA	AL EXAMINER	MARCH 2	8, 196	8
NAME (Type)	DENEUTCI :	SKITARELIC,	M.D. ADDRESS(Street	t, city, tawn, or courty	UMBERLAN	D. MAR	YLAND
230. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETER		23d. LOCATION (C			ote)
REMOVAL (Specify) Burial	3/ 30/ 68	Sunset Me	morial Park	Cumbe	erland Al	legon	Md.
24. FUNERAL DIRECTOR	- 0	ADDRESS	2So. REC	D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATUR	
1	. [] /	1 / /	12 10 AI	DD 9 196	IN WWW	Y BA LOUE	763



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1 1			ERTIF	ICATE OF	DEATH				033	91	
	CEASED-NAME ype ar print)	First ROY		Middle A .	Н	Last ENLEY		2a. DA	TE OF DEATH O3	th 19 Day	&X Yea 68	2b. HOI	-
3. SE)	MALE		4. RACE WI-	HITE		S. DATE OF	BIRTH 25 -07			(In years irthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	HOURS 4	HRS. MIN
7a. B caunt	IRTHPLACE (State try) PENNS	e ar fareign YLVANIA	7b. CITIZEN OF W	Α.	WIDOWI		ARRIED TO		EGANY	COUNTY			М
10. CI	OR TOWN O			AME OF HOSPITAL OR INS SACRES HEAF		If not in haspital SPITAL			ATION (Kind of Irking life, ever		12b. KIND OF INDUSTRY	BUSINESS OF	l
	. A CTATE	E (Where decease MARYLAND	Lan Country	ian: Residence befare		OR TOWN TOWN	13d. INSIDE CITY L		3e. STREET AND RT. #1		OWN, MD		
14. F	ATHER'S NAME W	First ILLIAM	Middle S.	Lost HENLE	1		MAIDEN NAME	First IENR I	ETTA	Middle	Н	Lost ENLEY	
	WAS DECEASED es, no or unknow	EVER IN U.S. ARN wn) (If yes give w	ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY N 214-07-14		7. INFORMANT HOSPIT	AL RECO	ORDS	- CUMBI	Address 9 (ERLAND	MD. 2		E
		EATH WAS CAUSED		ne far (a), (b), and (c).	Qu	Swone	ry f	a	ilur	<		IMATE INTERVAL DNSET AND DEAT	H
	rise ta immed	iny, which gave liate cause (a), derlying cause	(b)	AS A CONSEQUENCE OF	gus	ray 1	Engling	yen	w8h	here	5 4	nd	
CATION	PART 2. OTHER 5 > 7/ 19a. DATE OF OR	Chi	onie	OTING TO DEATH BUT NO CHICH OPERATION WAS PE	repr	TO THE TERMIN	, ne	ue 2		RE FINDINGS O	ONSIDERED IN (ERTIFYING	

Year

YES 🗀

NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Manth Day (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

21d. INJURY OCCURRED
While Nat while at wark

22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)

23b. DAT

ATTENDING PHYS. 22e. ADDRESS/

Street or R.F.D. No.

MED. DIRECTOR STAFF PHYS. 22c. DATE SIGNED

(County)

County

State

(State)

POTOMAC RIDGELEY 26753 ST.,

City or Town

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY REMAINS

21f. LOCATION

DEGREE

BOARD 250. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR James F.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Scarpelli, Cumberland, Md.

VR A15 (4) 30M REV. 1/68~

director,

director, page 3 should be detoched for use os the buriol-transit permit. Then pleose remove carbon papers. Pog should be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours,

O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 moy be retained by the hospital or attending physician

the ottending physicion and completely filled in by sit permit. Then please remove carbon papers.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hough

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67 C 3:50	1 20	A=1 '=H			Y
	17	70-7-10	211	. L F	3101
	YT Y ^?=J_1^			0.5.7	ALLA JYSHER,
					UN1156.1
nne, inc.	17. 41, CLN	i oleni)		(1)
A 7: +		EH (ETIHY)			
OC = T) C		1.054 Tari 4504			•, - Y
A. : 7:	ET., EL BELFY	MALE STEPPE		1009 .	

DAVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAM First Middle Lost 2g. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. (Type or print) attending physician ond completely filled in by the funerapermit. Then please remove carbon papers. Pages I and on, or removol, ond in ony event, within 72 hours afterdement. HERPICH. CARL W. 03 S. DATE OF BIRTH 3. SEX 4. RACE MALE WHITE 04-11-95 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. MARYLAND DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital LA VALE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? admissian) STATE MARYLAND 13b. COUNTY YES NO Y ALLEGANY LA VALE 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Miranda Herpich Frederick
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) HOSPITAL RECORDS buriol, cremation, or removal, 214-05-9709 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. C.V.A. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove buriol-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the MULTIPLE CVA'S DURING THE PAST 2 YEARS CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? NO IX YES 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town DEFICE BUILDING, ETC. While Nat while at work of wark 220. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive on_ couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. R. W. BALLIN

03392 2b. HOUR P 68 Year 26 Doy 6. AGE (In years IF UNDER 1 YEAR last birthdoy) HOURS ALLEGANY COUNTY 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 13e. STREET AND NUMBER 9 ASHBURY AVENUE Middle Rice) 900 SETON DRIVE CUMB. MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAY CEREBRO-VASCULAR DISEASE SARTERIOSCLEROSISO 3 YEARS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) State County and that in (my) (aur) apinion deoth occurred on the date and hour and from the 22c. DATE SIGNED 62 GREENE ST., CUMBERLAND, MD. 21502 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) Sunset Memorial Park 1968 Cumberland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 30M REV. 1768 KIGHT'S FUNERAL HOME -309 DECATUR ST., CUMB.

MARYLAND STATE DEPARTMENT OF HEALTH

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KIGHT'S FURTVAL HUME-309 DICATUR ST., CURG. 1987 3. 1838

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03393

		CEASED-NAME	First	Middle		Lost	2o. DATE OF DEATH		2b. HOUR
	(1	ype or print),	WILLIAM	LEWIS	Н	ETZ	Mant	29th.	68 6P, M
) }	3. SE:	X	4. RACE	TEWAL		DATE OF BIRTH	6. AGE (I		ER 1 YEAR IF UNDER 24 HRS.
7				T TIMES			last bir	thday) MONTH	DAYS HOURS MIN
H	70 D	MATE IRTHPLACE (Stote or foreign		AT COUNTRY?	8	AUG. 11th	9. COUNTY OF DEATH	73 YRS.	
	coun	try)				NEVER MARKIEU	7. COUNTY OF DEATH		
H		MARYLAND	U.S.	Α.	WIDOWED	DIVORCED		Y COUNTY	Md.
	10. C	ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTI	ITUTION (If not in	hospital 12a. USU/	L OCCUPATION (Kind of		. KIND OF BUSINESS OR
4		FROSTBURG		MINERS HOS	PITAL				BER MILL
,	13a.	USUAL RESIDENCE (Where	deceased lived, if instituti	on: Residence before				NUMBER	
	ounn.	ssion) STATEMARYL	AND 13b. COUNTY C	ARRETT / A	VILTON	YES NO			
	14. F	ATHER'S NAME First	Middle	Lost	15. MC	THER'S MAIDEN NAME F	irst	Middle	Last
		CH.	ARLES	HETZ		(CATHERINE		GEORGE
-		WAS DECEASED EVER IN U	.S. ARMED FORCES?	16b. SOCIAL SECURITY NO). 17. INFO			Address	
	У	es, na, ar unknawn) (If)	yes give war or dates of service)	208-16-37/	45 MRS	IDA G. H	ETZ. RT. 7.	LONACONT	ING. MD.
			nter only ane cause per lir				1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY:	(Jana)	noll	1 200	luna	,	12 ters.
	11	11100	MMEDIATE CAUSE (o)	S A CONSEQUENCE OF	Λ.		Cocyclety	7	70000
		Conditions, if any, which	gave)	S A CONSEQUENCE OF	11:16	1 . A . X	Di 001	0.000	-
		rise to immediate cous	e (a), (b)	S A CONSEQUENCE OF	age	ger cor	gro Du	erous	
		stating the underlying lost.	10030	S A CONSEQUENCE OF	//				
			NT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	DELATED TO TH	TEDMINAL DISEASE OD	ONDITION CIVEN IN DART	1/a)	
		HART Z. OTHER SIGNIFICA	INI CONDITIONS CONTRIBU	ING TO DEATH BUT NOT	KELAIED IO IN	E TERMINAL DISEASE ON	UNDITION GIVEN IN PART	1(d)	
	NO	19a. DATE OF OPERATION	19b. CONDITION FOR WH	CU ODEDATION WAS DEDS	ODMED	20a. AUTOPSY?	Table it Att MED	E FINDINGS CONSIDE	DED IN CEDTIEVING
7	CERTIFICATION	17d. DATE OF OPERATION	17b. CONDITION FOR WIT	ICH OFEKA HON WAS FEKT	OKMED		CAUSES OF DEATH		KED IN CERTIFIED
700	ERTII	21a. ACCIDENT WAS UND	TRIVING LOU THE OF	TATELON	In How	YES NO		1 D-+ 0 to 11	22
		OR CONTRIBUTING CAUSI		Month Doy Yeor	ZIC. HUW I	MOURT OCCURRED (Enter	nature of injury in Part	I or Pan 2, Item II	B.)
	MEDICAL	(If either, notify medical		19					
	×	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	21f. LOCAT	ION Street or R.F.D. No.	City or Town	Cau	nty State
		While Not while at wark							
		22a. I certify that ((I) (this hespital) atte	ended the deceased	from 3	- 2-5-, 19 <u>E</u>	<u> </u>	29, 1966	that (I) (we) last d haur and from the
		courses stated	sed alive anabave, (I) (we) (did)	(did ant) view the h	ndv ofter den	iai in (my) (our) api th	nian death accurred	an the date an	a navr and from the
		22b. SIGNATURE	1 / 0 /	(did Hot) view ille of	0 10 (1		22c. DATE S	IGNED
		/	HTV X	tichl	BEGREEL		IED. STAFF	D 3-	30-68
,		22d. PHYSICIAN'S	1	men.	1/4-000	22e. ADDRESS	TRECTOR 11173.		
		NAME (Type)	H. C. DIEHI	40	M.D.		N ST., FROS	TBURG, M	D.
	230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE			23d. LOCATION (City or		inty) (State)
							Louis Cockinote (City of		
	1	Estilo Avy (*becilà)	1-7-68	MT TTO	יוייבוערינים זה	FRV		UALI	ETT, MD.
1	_	BUT YA (Specify) FUNERAL DIRECTOR	4-1-68	MT. ZIO	N CEMET	ERY 2So. REC'D B	Y REGISTRAR 2Sb.	REGISTRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Page Hadd by should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs offer deals. REAL ROOM OF THE PARTY OF THE P

M. C. Bishi, Low M.D. C. J. Litt. B., Stranger, Bo.

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03413 SED-NAME

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03394

2/2	V	J. DI	CEASED-NAME	First	Middle		Last	2a. DATE OF DEATH	2b. HOUR
uneral Tand	Y	(1	ype ar print) Roll	pert	F	1-	till .	March Month 270	ay Yeor 68 M
4年		3. SE		4. RACE		S. 1	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s ges			Male	Co	lored		4/27/1	3 last birthday) YRS	MONTHS DAYS HOURS MIN.
20.00		7o. 1	BIRTHPLACE (State or foreign			MARRIED	NEVER MARRIED 5	COUNTY OF DEATH	
d in by pers. 72 ho		cou	Emperland		S. A	WIDOWED X	DIVORCED [Allegan	Md.
P S File	00.1	10. 0	ITY OR TOWN OF DEATH	thura 11.1	NAME OF HOSPITAL OR INSTI	TUTION (If not in	hospital 12a. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
corbon ant, wit		(2	W	12.	Mine	ers h			Dept. Store
	701		USUAL RESIDENCE (Where d	eceased lived, if institution 13b. COUNTY		3c. CITY OR TO		TOO. STREET PHILD ITOTALER	1 . Cx
com	01		Ma		Alleging	Ewmbe.		277.11.1100	DENIC SC.
sicion and complet please remove cor I, and in any event,		14. 1	ATHER'S NAME First	Middle	East	15. M	OTHER'S MAIDEN NAME FIR	Preston	Lost
on dase	/	160	WAS DECEASED EVER IN U.S	ADMED EODIESS	16b. SOCIAL SECURITY NO			Mescon	(hiving)
S 0 .				give war or dates of service)	100. SOCIAL SECONTIT NO	m	loseph	Hill Pecker	my W.Va
hen hen			18. CAUSE OF DEATH (Ent	or only one cause per	line for (a) (b) and (c)		The state of the s		APPROXIMATE INTERVAL
attending permit. The			PART I. DEATH WAS C	AUSED BY:	Coxu		a Star	ch a matast	asy Creoute
ermi n, ol			151.9	MEDIATE CAUSE (a)	AS A CONSEQUENCE OF		- John Co	220 67000	7
he c it p			Canditians, if any, which g	ove)	Sin	stric	, elene	v -	
ons			rise to immediate couse stating the underlying co	(U), (DUE TO OD	AS A CONSEQUENCE OF				
ol-tr			lost.	(c)					
sign buri buri			PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(0)	
the to		NO	15/X						
os prio	2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
e hos use o	0	ERTIF	21o. ACCIDENT WAS UNDE	DIVING TON TIME	Dr. MIHADY	101 110111	YES NO		10.101
certificote hed far us t. of Heoli			OR CONTRIBUTING CAUSE C	F DEATH HOUR A.M	. Month Day Yeor	ZIC, HOW	INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2	, Irem 18.)
ertifi ned t. of		MEDICAL	(If either, natify medical e	xaminer) P.M	AT HOME, FARM, STREET, FACTO	RY \ 216 LOCAT	ION Street or R.F.D. Na.	City or Town	Caunty State
tack Dep			While Mat while	ZIE. FLACE OF INJUNI	OFFICE BUILDING, ETC.	ZII. LOCAI	ION SHEET OF K.F.D. NO.	City of Towit	County
e de de			22a certify that ((this haspital) at	tended the deceased	from W	CEV 1 . 19-6	18, to maral 271	9 <u>68</u> , that (I) (we) lost
Aft d b			saw the decease	ed alive on	march 119	68, and th	nat in (mfy) (our) opin	nian death occurred on the	date and haur and fram the
Houl th			causes stated a	oave, (I) (we) (did) (did not) view the bo	dy after dea	th.	1 22	c. DATE SIGNED
e 3 s			22b. SIGNATURE	am B.	Davis	MA DEGREE	ATTENDING ME		3/29/68 -
FUNERAL DIRECTOR: After this certificate has been signed by the attending phy; director, page 3 should be detached for use as the burial-transit permit. Then should be filled with the State Dept. of Health prior to burial, cremation, or removal	1		22d. PHYSICIANS NAME (Type)	ohn b	3, DAVIS	. Lu. D.	22e. ADDRESS Bro	adway, Fr	rolling, kind
UNE ector	^	23g	BURIAL, CREMATION.	23b. DATE	23c. NAME OF CE	METERY OR CRE	MATORY	23d. LOCATION (City or Town)	(County) (Stote)
direction of	18		PMOVAL (Specify)	3/30/68	Fronte	ng Me	mo. Pk.	Frostburg,	Allegory, M&
VR A16	2	24.	FUNERAL DIRECTOR	- 0	ADDRESS	1	2Sa. REC'D BY	REGISTRAR 2Sb. REGISTRAF	S State Salage
30M REV.	W 68	0	aus sh	en un	c. (rem	6. M	DATE TO	5 - 1000 F	0 0

THE COUNTY SECURITY S Market and the second s - 1-1-1-2 - 12/4 / 2 - 12/4 - TRAPANA NEW XIER PUR V DA MANAGERA Middle Miller Mark Steem land & the State W. Arch and State Description Hill Marie Present While

24. FUNERAL DIRECTOR

JOSEPH R. DURST, FROSTBURG, MD. 21532

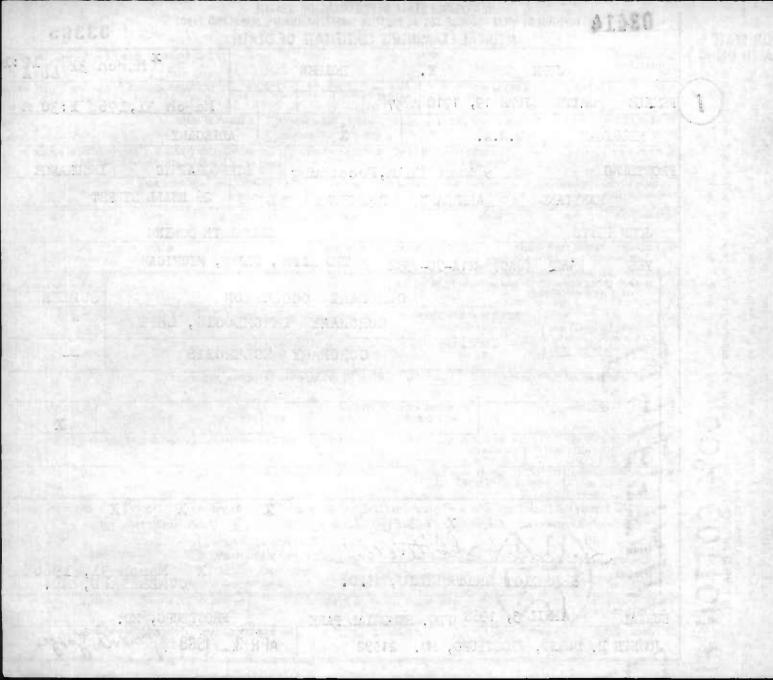
2Sq. REC'D BY REGISTRAR _ 1968

2Sb. REGISTRAR'S SIGNATUR

YES X

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 Hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

30M REV. 168

Middle

03415

1. DECEASED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Lost

03396 2b. HOOR M 2o. DATE OF DEATH

	(Type or print)	LEWIS			HOF	RTON	MAR	CH Month	27°0Y	1968		9:0,8
3. 9	MALE	4.	RACEWHITE		5	DATE OF BIRTHO 7		6. AGE (In last birthe	yeors Say) M	IF UNDER 1 YEAR NONTHS DAYS	HOUR	S MIN.
	BIRTHPLACE (Stote untry) FROS	or foreign 7b.		Α.	WIDOWED		9. COUNTY O	F DEATH				Md.
L	CUMBE	RLAND	giverstreet		HOSPI	TAL during m	net of working in		retired.)	126. KIND OF INDUSTRY Celane		
		(Where deceased live MD .	ved, if institution: Re 3b. COUNTY ALL		CUMB I		1001	T 5 B		42 Wind		
14.	FATHER'S NAME	First JOSEPH	Middle C	HORTO		ACL S'RAHTOM	First NE		Middle	LEWI	S Los	it
160	o. WAS DECEASED E Yes, no, or unknow No	VER IN U.S. ARMED F n) (If yes give wor or de	otes of service)	OCIAL SECURITY NO	0	ORMANT MEMORIAL H	OSPIT	AL, M	EMOR!	AND.	MAT	
		DEATH (Enter only on ATH WAS CAUSED BY: IMMEDIATE CA	19 10	(a), (b), and (c).)	ry Th	nombonis	n	us		BETWEEN (IMATE INTO	
	Conditions, if ar	ate cause (a),	(b) DUE TO, OR AS A CO	1	Mezo	cardin)	Dry	breto	in	50	la	y
	stating the und	lerlying couse	(c)	Arle	no	selevo.	ziñ			114	12.	
z	14251	SIGNIFICANT CONDITION	ONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIV	/EN IN PART 1(a)	Hari.		
CERTIFICATION	19a. DATE OF OPE	RATION 19b. COND	ITION FOR WHICH OP	PERATION WAS PERI	ORMED	20a. AUTOPSY? YES NO	CALIC	IF YES, WERE I ES OF DEATH?	INDINGS COM	NSIDERED IN (ERTIFY	NG
MEDICAL CE		WAS UNDERLYING CAUSE OF DEATH medicol exominer)	P.M.	nth Day Yeor		/ INJURY OCCURRED (Ente	r noture of in	jury in Port 1	or Part 2, Ite	em 18.)		
W	While Not v	ork	E OF INJURY (AT HO)		600	ATION Street or R.F.D. No		ty or Town		County		State
	saw the	y thot (I) (this he e deceased alive stated abave, (I)	an Mila	9	(a) ond	that in (my) (our) opeath.	inion death	occurred a	n the date	e ond haur	t (I) (and t	we) lost rom the
E	22b. SIGNATURE	A.	course &	enery	DEGREE	PHYS.	MED.	STAFF C	22c. DA	SIGNED SIGNED	68	
	22d. PHYSICIAN' NAME (Type	DR. R.	J.WMS.			22e. ADDRESS CUMBERI	AND,	MD.				
230	BURIAL, CREMAT REMOVAL (Special	1	30. 1968	23c. NAME OF CI		REMATORY LIAL Park		TION (City or To		(County) Legany	1-	ote)
24	FUNERAL DIRECTO	0000 , 100 08		ADDRESS				968 ^{25b. R}			_	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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140	MARYLAND STATE DEPARTMENT OF HEALTH
416	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR'
	CERTIFICATE OF BEATH

	MARYLAND	STATE DEPARTMENT	OF HEALTH	
DIVISION OF	VITAL RECORDS, 30	1 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	
	CEI	RTIFICATE OF DEA	TH	
	60:100	1 .	A DATE OF DEATH	-

03397

I.	DECEASED-NAME	hirst		Middle		Last		2a. DAT	E OF DE				2b.	HOUL
5	(Type or print)	LULA		E.		HOUG	K	M	ARC	Manth	Day	196	8 6	: 10M
3.	SEX	4	RACE			S. DATE OF B	IRTH		6.	AGE (In ye	ors	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
	FEMALE		WHITE			JANU	ARY 12	2/18	87	last birthdo	YRS.	MONTHS D	AYS HOURS	MIN.
	BIRTHPLACE (Stote or	fareign 7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY	Y OF DE	ATH				
CO	MARYL	DNA	U.S.	Α.	WIDOWED		RCED 🔲	AL	LEG	ANY				Md.
10.	CITY OR TOWN OF DE	ATH	11. NAME	OF HOSPITAL OR INS	TITUTION (If no	t in haspital				ind of work		12b. KINI	OF BUSINES	S OR
	CUMBERLA	DNA	ME M	ORIAL H	OSPIT	AL	during mo			e, even it re ewife		INDUSTR		
	o. USUAL RESIDENCE (V mission) STATE		ved, if institution:		13c. CITY OR	TOWN	13d. INSIDE CITY LIM	MITS? 13	e STREE	T AND NUM	BER	LEAL	C 7	1590
uui	MARYI		3b. COUNTY	FGANY	FROST	BURG	YES NO		249	CEN	ICINI	VIAL	51.	
14.	FATHER'S NAME	First	Middle	Last	15.	MOTHER'S N	AIDEN NAME FI	irst		M	iddle		Lost	
	SA	AMUEL		BARNC		WILL	TEMTNA	MA	MILE			В	OGUE	1,530
16	d. WAS DECEASED EVER	IN U.S. ARMED I	Inter of sepure)	. SOCIAL SECURITY N		IFORMANT A	1 11005	D 1 T A			dress			
	Yes, na, Munknawn)		N	ONE	ME	VIORIA	L HOSE	PIIA	١,	CUMB	L RL			
	18. CAUSE OF DEA			or (o), (b), and (c).)			30.5					PROXIMATE INTE EEN ONSET AND	
	PART I. DEATH	IMMEDIATE C	AUSE (a)M	ultiple 1	Pulmona	ary Em	bolis	-1	18				days	
	1538		DUE TO, OR AS A			7. 1. 1.	Chita.			11.00				
	Conditions, if any, rise to immediate	which gave)	(b)4	AdenoCaro	cinomo	Colon			de l'			7	month	3
	stating the under	ying cause	DUE TO, OR AS A	CONSEQUENCE OF										1000
	last.)	(c)											
	PART 2. OTHER SIG	NIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINA	AL DISEASE ORCO	ONDITION	GIVEN II	N PART I(a)				
2	1538			ic Cardio						2.				
CEPTIFICATION	19a. DATE OF OPERA	TION 19b. CON	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUT		100		S, WERE FIN	IDINGS CO	INSIDERED	IN CERTIFYIN	IG
PTIE						YES [d bright							
			HOUR A.M. M	URY lonth Day Year	21c. HO	W INJURY OC	CURRED (Enter	nature of	injury i	n Part 1 ar	Part 2, It	em 18.)		
MEDICAL	(If either, natify me	edical examiner)	P.M.	19										
Z		RED 21e. PLAC	CE OF INJURY (AT I	HOME, FARM, STREET, FAC ICE BUILDING, ETC.	TORY.) 21f. LO	CATION Stre	et ar R.F.D. No.		City ar	Town		Caunty		State
	While Nat while at wark of wark													
	22a. I certify t saw the d	hat (I) (this h	aspital) attend	ed the decease	ed from	July	. 19.6)/_, ta	Als as	eb	, 19_	68,1	hat (1) 3/5	We) last
	saw the d	eceased alive	an rev	nat) view the	badv after d	eath.	iy) (wur) apir	nian aea	ith acc	urrea an	the dat	e ana no	iur and ir	am the
	22b. SIGNATURE	11	KANA MINING	//4.	2237 41101 4	4 74	S-12-3				22c. D	ATE SIGNED)	THE
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	22d. PHYSICIAN'S	G.Ove	erton Hi	melwrig	ht. M.I	22e. AD	DRESS 133	Virg	inia	Ave.	. Cun	beil	and.	Md.
	NAME (Type)	DR	A VAN A	RIVER		1	DRESS 133	-CE14	TRE	-37R	EET,	CUN	BERL	AND,
23	a. BURIAL, CREMATION	, 23b. DATE		23c. NAME OF	CEMETERY OR					(City or Tav		(Caunty)		e) MD.
	BENOYAL (Specify)	3/4	/1968 .	Boonsbo	ro. Cem	eterv		Boo	nsb			sh.	Md.	
24	. FUNERAL DIRECTOR	>UKS	A.K	A DDRESS	25	-	2Sa. REC'D BY	Y REGISTRA	AR	2Sb. REG	ISTRAR'S	SIGNATURE	()	
	John J.	Hafer,	Jr., 230	Balto A	ve. Cun			K 5	19	68	FULL	res	10	3
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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U	0	U	28	d

	ECEASED-NAME Type or print)	DORTHA		iddle A	HUFF:		20. DATE OF		Doy 1968 or	2b. HOUR
3. SE	FY	4. R/	ACF		S. DATE OF	RIPTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE	V. N.	WHI	TE			1893	lost birthdoy) 75 YR	S. MONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote or 1		ZEN OF WHAT COUNTI	RY? 8. MAI	RRIED NEVER MA	RRIED 9	. COUNTY OF			
COW	PENNSYLVAN	IA	U.S.A.		_	ORCED 🗌	ALLE	GANY		Md
	CITY OR TOWN OF DEA	TH	11. NAME OF HOS give street addre		N (If not in hospital	12o. USUAL	OCCUPATION	(Kind of work don	e 12b. KIND O INDUSTRY	F BUSINESS OR
	ROSTBURG		MIN	ERS HOSP				life, even if retired.	AMA FAC	TORY
	USUAL RESIDENCE (Wi ission) STATE		COUNTY		OSTBURG	YES NO		ARMSTRON	IG ST.	
14.	FATHER'S NAME F	irst	Middle	Lost	IS. MOTHER'S A	AAIDEN NAME Fir		Middle		Lost
	BEN	JAMIN		HUFF		SUSAN	NAH		DEAL	
	. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FOR (If yes give war or dates	1 - 1 1	AL SECURITY NO. 11-9807-A	17. INFORMANT	ZEL McC	LONTOC	Address K. FROSTE	BURG, MD	
	18 CAUSE OF DEAT	H (Enter only one o	ouse per line for (o),					,	(APPRO)	KIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUS		1 1 1/	rocular	Henson	rhage	- reune	ent 8 h	M. I
	4120		IE TO, OR AS A CONSE	QUENCE OF				/		
	Conditions, if ony, w	(a) asuas	(b) Huys		e Ante	noschro	tie	CVD -	201	ho:
	stoting the underly		E TO, OR AS A CONSE	QUENCE OF						
	PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT RELA	ATED TO THE TERMIN	AL DISEASE OR CO	NDITION GIVE	N IN PART 1(o)		
2	443×			N	ONE					
CERTIFICATION	190. DATE OF OPERATI	ON 19b. CONDITI	ON FOR WHICH OPERAT	TION WAS PERFORM	D 20o. AUT	OPSY?<		YES, WERE FINDINGS	S CONSIDERED IN	CERTIFYING
I E	\ \ \		X		YES [] NO ⊠	CAUSES	OF DEATH?	223	
MEDICAL CEI	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	Ib. TIME OF INJURY OUR A.M. Month P.M.	Doy Yeor	21c. HOW INJURY O	CCURRED (Enter	noture of inju	ry in Port 1 or Port	2, Item 18.)	
MED	21d. INJURY OCCURR While Not while of work	RED 21e. PLACE C	OF INJURY (AT HOME, FA		21f. LOCATION Str	eet or R.F.D. No.	City	or Town	County	Stote
	22a. I certify th	at (I) (this hose	oitol) ottended_th	e deceased fro	m3//	, 19.6	8_, to	3/2	19 <u>68</u> , tho	t (I) (we) los
	saw the de	ceased alive ar	ve) (did) (did nof)	8 1966	, and that in (ny) (our) apin	ion deoth o	occurred on the	date and hour	r and from the
	22b. SIGNATURE	mark	times	Theter	DEGREE PHYS.	ING ME	D. RECTOR	STAFF PHYS. 22	3/0/6	8
	22d. PHYSICIAN'S NAME (Type)	MARTIN	ROTHSTEI	N, M. D.	22e. AC		WAY, F	ROSTBURG,	MD.	21532
23o.	BURIAL, CREMATION,	23b. DATE	230	. NAME OF CEMETE	RY OR CREMATORY		1 - 1 Thursday 1 - 1 - 1 - 1	N (City or Town)	(County)	(Stote)
	BOKH(ALify)	MARCH	11, 1968		MORIAL PA			STBURG,	MD.	
	FUNERAL DIRECTOR			ADDRESS		250. REC'D BY	REGISTRAR	168 REGISTRAL	R'S SIGNATURE	dec "
	JOSEPH R.	DURST. F	ROSTBURG.	MD. 21	532	DATE MAK	70 1	140		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1-and 2 should be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. funeral **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician. SOM REV. IX

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MARYLAND STATE DEPARTMENT OF HEALTH 03418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) MARCH Manth JONES ALVERNA after 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH filled in by the in ban papers. Pages within 72 haurs after FEMALE WHITE SEPTEMBER 10. 1882 Maurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WEST VIRGINIA USA WIDOWED X DIVORCED [7] ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane requires that the death certificate be executed within during most of working life, even if retired.) CUMBERLAND, MD. remave carban crematian, ar remaval, and in any event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLANDIB. COUNTYALLEGANY YES CUMBERLAND NO 🗍 628 BOWLING AVE. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle LORRENZO B. MC BRIDE ٧. MARTHA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, nelmunknawn) (If yes give war or dates of service) NONE HOSPITAL RECORD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE A CONSTOURNE OF EROTIC HEART DISEASE DUE TO, OR signed by the burial-transit p Canditians, if any, which gave : (b) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF GENERALIZED stating the underlying cause ARTERIOSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIABETES MELLITUS. BASTRIC ULCER. GENERALIZED VISCERAL FAILURE 4 may be retained by the haspital ar attending as the has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NONE CAUSES OF DEATH? far use YES [this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year NONE d. (If either, natify medical examiner) detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from JUNE 5, saw the deceased alive an MARCH 19 08, and that in (O FUNERAL DIRECTOR: After 51 to MARCH 19 68, and that in (my) (off pinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (###ot) view the bady after deoth. 22b ATTENDING DEGREE PHYS. DIRECTOR HYSICIAN'S 22e. ADDRESS NAME (Type) JAMES P. HALLINAN, M.D. 140 BEDFORD ST., CUMBERLAND, MD. 21502 NAME OF CEMETERY OR CREMATORY

ADDRESS

2b. HOUR

968

12b. KIND OF BUSINESS OR

KLINE

8 MO.

NONE

County

22c. DATE SIGNED

3-2-68

2Sb. REGISTRAR'S SIGNATURE

1968

2Sa. REC'D BY REGISTRAR

20 YRS.

Last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. 70 co	CERTIFICATE OF DEATH									
	DECEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOL					
	(Type or print)	JOSEPH PAUL	KEATING	Month Day	68 77					
3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H					
	MALE	WHITE	MAY 12th,	1908 lost birthday) YRS.	MONTHS DATS HOURS					
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH						
	MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY						
	FROSTBURG	give street oddress) MINERS HOS	SPITAL duriSER	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY CELANESE					
3a	. USUAL RESIDENCE (Where deceas	sed lived, if institution: Residence before 13b. COUNTY ALLEGANY		13e. STREET AND NUMBER 163 E. MECHAN						
14.	FATHER'S NAME First BERNARD	Middle KEATING	1S. MOTHER'S MAIDEN NAME F	irst Middle EN GOI	DSWORTHY					
16	yes, no per unknown) (If yes give y	MED FORCES? 16b. SOCIAL SECURITY 214-07-37		ING, FROSTBURG, N	D. 21532					
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	myocardial atterio-s	infarction	2-11-68					
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200. AUTOPSY? YES \(\square\) NO \(\square\)							
CAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Yes	21c. HOW INJURY OCCURRED (Enter	r noture of injury in Part 1 or Port 2,	Item 18.)					
MEDI	While Not while at wark at wark		ACTORY,) 21f. LOCATION Street or R.F.D. No.		County State					
	22a. I certify that (I) (the saw the deceased a causes stated above	uis hospital) attended the decea ulive on e, (1) (we) (did) (d id not) view the	sed from <u>2 —/3</u> , 19 <i>6</i> 19 <i>68</i> , and that in (my) (e ur) api e body after death.	nion death accurred on the do	68, that (I) (we) te and hour and from					
	22b. SIGNATURE	C. Diehl 7	n Degree Attending D	NED. STAFF 22c.	DATE SIGNED /68					
		C. DIEHL,		IN ST., FROSTBURG	G. MD.					
		IR. 25 168 ST. PH	F CEMETERY OR CREMATORY ILLIPS & JAMES CEM.							
24	JOSEPH R. DUR	RST, FROSTBURG, ADDRESS, ADDRE	250. REC'D B		SIGNATURE					

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ADDRESS

John J. Hafer Jr. -230Baltimore Ave. Cumb. Md.

25g. REC'D BY REGISTRAR

1968

03401

12b. KIND OF BUSINESS OR

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20. AUTOPSY?

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(County)

25b. REGISTRAR'S SIGNATURE

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BETWEEN ONSET AND DEATH

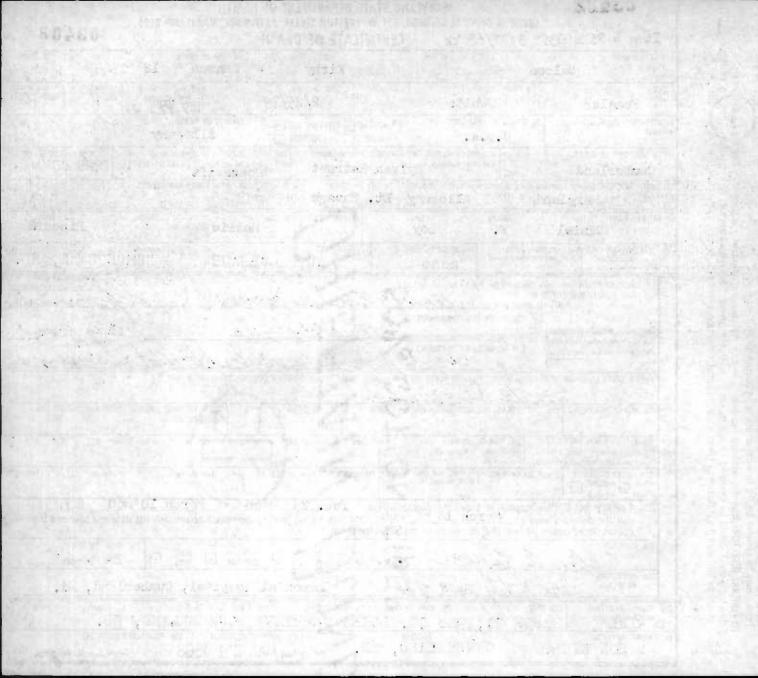
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MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the Ednerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	00200	1			ERTIFICATE OF	DEATH			0340	4
	DECEASED-NAME (Type or print)	First WILLI	AM	Middle H.	KIRBY		20. DATE OF MARCH		⁰ 41968 ^{eor}	2b. HOUR
3.	SEX M AL E		4. RACE WHITE		5. DATE OF E	22 , 1 8	387	6. AGE (In years birthdoy) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
co	BIRTHPLACE (State or funtry) MARYLAN		b. CITIZEN OF WHAT	Lenen		RCED	9. COUNTY OF ALLEG.	ANY		M
	FROSTBURG USUAL RESIDENCE (WI	1	give stre	et oddress) MINEI	RS HOSPITAL 13c. CITY OR TOWN		ED-ENG	(Kind of work done life even if retired.) INEERING REET AND NUMBER		
		RYLAND rst	Middle	Lost	T. SAVACE	YES NO		Middle		Lost
	WI:	LIAM	A.	KIRBY		STELI			CROWE	LUSI
16	o. WAS DECEASED EVER Yes, never unknown)		- 1-1 (')	6b. SOCIAL SECURITY N 4-07-3220		KIRBY,	LA V.	ALE, MD.		
	1B. CAUSE OF DEAT PART I. DEATH V 436 Conditions, if ony, w rise to immediate of	VAS CAUSED IMMEDIATI	BY: E CAUSE (o) DUE TO, OR AS (b)	A CONSEQUENCE OF	or elvol	pre	mo	uia.		ate interval iset and death
	27/4)	(c)	G TO DEATH BUT NO	T RELATED TO THE TERMIN	acler AL DISEASE ORC	ONDITION GIVEN	I IN PART 1(o)	ylo	~
CFRTIFICATION	190. DATE OF OPERATION	ON 19b. CC	ONDITION FOR WHICH	OPERATION WAS PER	FORMED 200. AUT			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
MFDICAL CF		AUSE OF DEATH	HOUR A.M.	Month Doy Year	21c. HOW INJURY O	210		y in Port 1 or Port 2	, Item 18.)	
M	While Not while				ORY.) 21f. LOCATION Stre			or Town	County	Stote
	saw the de	ensed aliv	10 mm - 10/ /	ded the decease 10 id nat) view the b	d fram how of K, and that in (r ady after death.	, 19(ny) (aur) api	o\$, ta nian death c	ccurred on the c	9 <u>68</u> , that late and haur c	(I) (we) la: and from th
	22b. SIGNATURE	boli	_ B.	Davi	DEGREE PHYS.	D D	IED.	STAFF -	DATE SIGNED	168
	22d. PHYSICIAN'S NAME (Type)	JOH	N B. DAVI			BROADV		OSTBURG,	MD. 2153	2
	o. BURIAL, CREMATION, BURTAL (Specify)	23b. DA	. 21 168	METHOD	emetery or crematory IST CEMETER		MT.	N (City or Town) SAVAGE, M		(Stote)
	JOSEPH R.	DURST,	SR., FRO	OSTBURG,	MD. 21532	DATEMAR		25b. REGISTRAR	'S SIGNATURE	gra :

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED-NAME	First	Middle	Last		ATE OF DEATH	N. e. W. e. b.
	zra	H.	Kitzmill		March	26 1968
3. SEX Male	4. RACE	White	S. DATE OF BI	/13/1896	6. AGE (In years last birthday)	S IF UNDER 1 YEAR IF MONTHS DAYS H YRS.
7a. BIRTHPLACE (State or fo			8. MARRIED NEVER MAR	RIED 9. COUN	TY OF DEATH	
W. Va.	U.S	S.A.	WIDOWED TO DIVOR	RCED 🗌	Allegan	
Frostbul	IH II.	NAME OF HOSPITAL OR INS	STITUTION (If not in haspital	12a. USUAL OCCUP	ATION (Kind of work of	done 12b. KIND OF BU!
			s Hospital			
admission) STATE Md	nere deceased lived, if instit 13b. COUNTY	Allegany	Lonaconin	YES NO	St Marys	
	irst Middle	Last	15. MOTHER'S MA	AIDEN NAME First	Midd	lle
The	omas	Kitzmill		Mary		Buckb
16a. WAS DECEASED EVER I Yes, no or unknown)	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N 236-12-0		Convil Ed.	Addre	
700	<u> </u>			thter"	IIIIOIII L	onaconing
PART I. DEATH V	H (Enter anly ane cause per WAS CAUSED BY: IMMEDIATE CAUSE (a)	dente	Julmona	my Hem	orrhag	BETWEEN ONSET
Canditions, if any, w		AS A CONSEQUENCE OF	77	_0		7
rise ta immediate c	ause (a), (b)	R AS A CONSEQUENCE OF	My ILM	2512		year
stating the underlyi	ng cause Dut 10, ok	AS A CONSEQUENCE OF	11			-
last.	(c)					
-	FICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
PART 2. OTHER SIGNI	(c)	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
PART 2. OTHER SIGNI		BUTING TO DEATH BUT NO		PSY?	20b. IF YES, WERE FINDI	NGS CONSIDERED IN CERTI
PART 2. OTHER SIGNI	ON 196. CONDITION FOR W		RFORMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDII CAUSES OF DEATH?	
PART 2. OTHER SIGNI 5 2 X 19a. DATE OF OPERATIO 21a. ACCIDENT WAS	ON 196. CONDITION FOR W	VHICH OPERATION WAS PER	RFORMED 20g. AUTO YES 21c. HOW INJURY OCC	PSY?	20b. IF YES, WERE FINDI	
PART 2. OTHER SIGNI 19a. DATE OF OPERATION 21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med)	ON 19b. CONDITION FOR W UNDERLYING 21b. TIME CAUSE OF OEATH lical examiner) P.M	OF INJURY 1. Manth Day Year 1. 19	RFORMED 20g. AUTO YES 21c. HOW INJURY OCC	PSY? NO	206. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Port 1 or Po	ort 2, Item 18.)
PART 2. OTHER SIGNI 19a. DATE OF OPERATION 17 OR CONTRIBUTING OF COUNTY MEDITY MEDIT	UNDERLYING CAUSE OF OEATH Itical examiner) ED 21e. PLACE OF INJURY	OF INJURY A. Manth Day Year A. 19 Y (AT HOME, FARM, STREET, FACT	RFORMED 20g. AUTO YES 21c. HOW INJURY OCC TORY.) 21f. LOCATION Street	NO	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 ar Pa City ar Tawn	caunty
PART 2. OTHER SIGNI 19a. DATE OF OPERATION 17 OR CONTRIBUTING OF COUNTY MEDITY MEDIT	UNDERLYING CAUSE OF OEATH Itical examiner) ED 21e. PLACE OF INJURY	OF INJURY A. Manth Day Year A. 19 Y (AT HOME, FARM, STREET, FACT	RFORMED 20g. AUTO YES 21c. HOW INJURY OCC TORY.) 21f. LOCATION Street	NO	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 ar Pa City ar Tawn	caunty
PART 2. OTHER SIGNI 19a. DATE OF OPERATION 17 OR CONTRIBUTING OF CONTRIBUTING OF COUNTRIBUTING OF COUNTRIB	UNDERLYING CAUSE OF OEATH ICAL EXAMINED 21e. PLACE OF INJURY at (I) (this haspital) at	OF INJURY 1. Manth Day Year 1. 19 Y (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	20g. AUTO YES 21c. HOW INJURY OCC POTORY.) 21f. LOCATION Street	NO	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 ar Pa City ar Tawn	caunty
PART 2. OTHER SIGNI 19a. DATE OF OPERATION 17 OR CONTRIBUTING OF CONTRIBUTING OF COUNTRIBUTING OF COUNTRIB	UNDERLYING CAUSE OF OEATH Itical examiner) ED 21e. PLACE OF INJURY	OF INJURY 1. Manth Day Year 1. 19 Y (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	RFORMED 20a. AUTO YES 21c. HOW INJURY OCC PARTORY.) 21f. LOCATION Street 20d. from 96 2, and that in (make) bady after death.	NO URRED (Enter nature et ar R.F.D. Na.	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 or Pa City or Town a YNOA 2 Ce eath accurred on the	Caunty , 19 6 X , that (I ne date and haur an
PART 2. OTHER SIGNI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURR While Nat while at wark 22a. I certify the saw the dec causes state 22b. SIGNATURE	UNDERLYING CAUSE OF GEATH Ical examiner) 21b. TIME HOUR A.M. P.M. 21e. PLACE OF INJURY at (I) (this haspital) at ceased alive an ed abave, (I) (we) (did	OF INJURY 1. Manth Day Year 1. 19 Y (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	RFORMED 20a. AUTO YES 21c. HOW INJURY OCC TORY.) 21f. LOCATION Street ed, from 96 & and that in (m bady after death.	NO DICETOR NO DIRECTOR	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 or Pa City or Town a YNOA 2 Ce eath accurred on the	Caunty Caunty , 19 <u>6</u> × , that (I ne date and haur an
PART 2. OTHER SIGNI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURR While at wark 22a. I certify the saw the dec causes state	UNDERLYING CAUSE OF GEATH Ical examiner) 21b. TIME HOUR A.M. P.M. 21e. PLACE OF INJURY at (I) (this haspital) at ceased alive an ed abave, (I) (we) (did	OF INJURY A. Manth Day Year A. 19 Y (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ttended the decease 1) (did nat) view the building of the building	RFORMED 20g. AUTO YES 21c. HOW INJURY OCC 21c. HOW INJURY OCC 21c. HOW INJURY OCC 22c. AUTO YES 21c. HOW INJURY OCC 22c. AUTO YES 21c. HOW INJURY OCC 22c. AUTO YES 22c.	NO DICETOR NO DIRECTOR	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part 1 or Pa City or Town a YNOA 2 (ceath accurred on the Phys.	Caunty Caunty 1, 19 6 8 , that (I ne date and haur an 22c. DATE SIGNED 3 - 28 - 6
PART 2. OTHER SIGNI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS or contributing of (Iff either, natify made) 21d. INJURY OCCURRING Marwhile of wark 22a. I certify the saw the dec causes state 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	UNDERLYING CAUSE OF DEATH Ical examiner) ED 21e. PLACE OF INJURY at (I) (this haspital) at eased alive an ed abave, (I) (we) (did	OF INJURY Manth Day Year M. 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ttended the decease (did nat) view the building of the	RFORMED 20a. AUTO YES 21c. HOW INJURY OCC PARTIES AND AUTO 21f. LOCATION Street 22f. and that in (m. phady after death. 22e. ADD CEMETERY OR CREMATORY	NO DIECTOR NO MED. OIRECTOR RESS 23d. 1	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part I ar Pa City ar Tawn o YNGA Ceath accurred an the STAFF PHYS. OCATION (City ar Tawn)	Caunty Caunty 1, 1968, that (I ne date and haur an 22c. DATE SIGNED 3 - 28 - 6 Caunty)
PART 2. OTHER SIGNI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS OR CONTRIBUTING Med 21d. INJURY OCCURRI While Nat while at wark 22a. I certify the saw the dec causes state 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	UNDERLYING CAUSE OF OEATH lical examiner) ED 21e. PLACE OF INJURY at (I) (this haspital) at ceased alive an acceased alive an acceased alive. (I) (we) (did	OF INJURY Manth Day Year M. 19 (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. ttended the decease (did nat) view the building of the	RFORMED 20a. AUTO YES 21c. HOW INJURY OCC 21d. LOCATION Stree 22d. from 96 & and that in (m 22d. ADD 22d. ADD	NO DIECTOR RESS NO DIECTOR MED. DIRECTOR 23d. I	20b. IF YES, WERE FINDII CAUSES OF DEATH? of injury in Part I ar Pa City ar Tawn a YNAA 2 Ceath accurred an the	caunty Caunty 1, 1968, that (I ne date and haur an 22c. DATE SIGNED 3 - 28 - 6 D 215 (Caunty) A • 1

RUPES

Mara H. Hismillan - March 25 1958

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nours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely <u>dilled</u> is by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 4

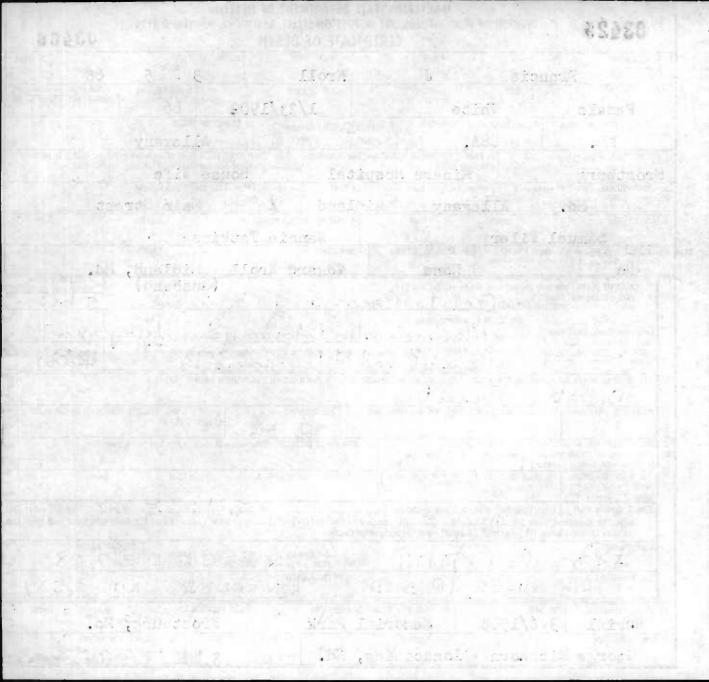
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirnin 24 Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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0020			C	ERTIFI	CATE OF	DEATH				034	06
1. DECEASED-NAME	First		Middle		Lost		2a. D	ATE OF DEATH		. V	2b. HOUR
(Type or print)	Franc	cis	J	=3	Krol:	l		3 Manti	5 Doy	68 ^{ear}	N
3. SEX		4. RACE			5. DATE OF E	BIRTH		6. AGE (I	n years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Fema		Whit			1	/23/19	902	66	YRS.	MUNITS DATS	HOURS MIN.
7a. BIRTHPLACE (State country)		b. CITIZEN OF WHAT	I METAL AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1		NEVER MA		9. COUN	ITY OF DEATH			
MD		USA,		WIDOWED		ORCED		Alleg		1	Mo
10. CITY OR TOWN OF Frostbu			E OF HOSPITAL OR INST eet goddress) VILNERS H			during m	AL OCCUP	PATION (Kind of orking life even	work done if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE	(Where deceased	lived, if institution				13d. INSIDE CITY I	LIMITS?	13e. STREET AND			
admission) STATE	Md.	13b. COUNTY Alles	gany	Mid	land	YES N	0	Main	Stre	eet	
14. FATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S N	ALDEN NAME	First		Middle		Lost
	amuel I					nnie I	atk	ins	- 30		21103
16a. WAS DECEASED E	VER IN U.S. ARMED		6b. SOCIAL SECURITY N	0. 17.	INFORMANT				Address		
Yes, no, or unknow			None		Edwa:	rd Kro	11	Midl		Md.	
18. CAUSE OF I	EATH (Enter anly	ane cause per line	far (a), (b), and (c).)				~	Husba	nd)	BETWEEN O	MATE INTERVAL INSET AND DEATH
PART I. DE	ATH WAS CAUSED &	CAUSE (a)	ute !	ou	ence	ry (9)00	Lusi	00	5 h	NS,
4100	7		A CONSEQUENCE OF	+	. 0	0		0	10 -		-41
Canditions, if ar	γ, which gave	(b) (da)	Eriosc	erol	ic lo	dona	ry	Lusu	freu	y mo	nlhe
stating the und	erlying cause		A CONSEQUENCE OF	- 1	OT		0	~ 6	VU	100	. ^
last. 42		1 /	nerale	11	Unle	mosc	xec	0515		Hea	100
	1 1	10	G TO DEATH BUT NO	T RELATED 1	O THE TERMIN	AL DISEASE OR	CONDITIO	N GIVEN IN PART	1(0)		
S OIL	aletes	V Ve	elle Luc	CODUCT	100 4117	a Dova		DOL IF VEC WED	CINDINGS (ONCIDEDED IN CI	EDTIFVING
19a. DATE OF OPE	RAIION 119b. CO	NDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUT			20b. IF YES, WERI CAUSES OF DEATH		ONZIDEKED IN CI	EKIIFYING
	WAS UNDERLYING			21c. 1	OW INJURY OF	CURRED (Ente	er nature	of injury in Part	l ar Port 2, I	Item 18.)	
OR CONTRIBUTING	medical examiner	HOUR A.M.	Manth Day Year 19								
	CURRED 21e. PL	ACE OF INJURY (AT	HOME, FARM, STREET, FACT	ORY,) 21f. I	OCATION Stre	et ar R.F.D. No).	City ar Tawn		County	State
While Nat w	ork										
22a. I certify	thot (I) (this	haspital) atten	ded the decease	d from_	1.1	, 19	56!	a YVan	5, 19	68, that	(I) (we) las
saw the	deceased aliv stoted above, (re an_\(\)(did)(d	id not) view the b	ady ofter	deoth.	ny) (aur) ap	inian d	eath accurred	on the da	te and haur	and fram the
22b. SIGNATURE	7,	0	Track		ATTEND	ING 🖘	MED.	STAFF	22c. I	DATE SIGNED	σ
40	M	les (JILATT	DEG	REE PHYS.	X	DIRECTOR	PHYS.	U 3	17.60	2
22d. PHYSICIAN' NAME (Type	L.R. N	MILES	, JR., M	.D.	22e. AD	LONA	CON	VING	M	0 21	539
23a. BURIAL, CREMATI			23c. NAME OF C				23d. l	OCATION (City or		(County)	(State)
REMOVAL (Specif	-	3/1968		rial	Park			Frostb			
24. FUNERAL DIRECTO			ADDRESS		3.5.5	2Sa. REC'D I			REGISTRAR'S		
Geor	ge Eich	nhorn	Lonacon	ing,	Md.	DATE MA	R	8 1968	xcuo	wellen you	del.



SOWERS HAFER-SOWERS FUNERAL 250. REC'D BY HOME 60 W. MAIN, FROSTBURGATE MAR

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR Minutes

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4), 30M REV, 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Rages I and shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					EKTIFIC	AIE OF	DEATH			U	(3 7 (3) 4 3	
	ECEASED-NAME	First		Middle		Last		2a. DATE C				2P HOM
(Type ar print)	JAMES		EARL	L	AVIN		MAR	CH Manth	Day	1968	5:45
3. SI	EX	4 11 15	4. RACE			S. DATE OF BI	RTH		6. AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
M	ALE		WHIT	LB		DECEM	BER 2	7. 19	08 59	hday) YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State	ar fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	X NEVER MAR		9. COUNTY O	F DEATH			1/-
	FFMAN,	MD.	U.S	5.A.	WIDOWED		CED 🗆	ALLE	GANY			Me
	CITY OR TOWN OF		11	. NAME OF HOSPITAL OR INS	TITUTION (If n	at in hospital		L OCCUPATIO	N (Kind of w		12b. KIND OF E	
F	ROSTBU	RG	91	Street oddress LL S	TREET		LAB	ORER	g lite, even it	t retired.)	LINDUSTRY	FROST
				itutian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIA		TREET AND N	UMBER		
aam	issian) MAR	YLAND	13b. COUNT	LEGANY	FROST	BURG	YES NO	34	BEAI	L ST	REET	
14.	FATHER'S NAME	First	Middle	e Last	15	. MOTHER'S MA	AIDEN NAME FI	irst		Middle		Lost
		MICHAE	L	LAVIN			ROSEA	NN			FC	LK
160	. WAS DECEASED E	VER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURITY N	10. 17. 1	NFORMANT			F	MOST	BURG.	MD.
Y	ar unknawi	W.W.	or or dates of service)	213-09-9	877 N	RS. J	AMES]	E. LA				EET
				r line far (a), (b), and (c),		1.0	- 1	01.	1 0	1.	APPROXIM BETWEEN DA	NATE INTERVAL NSET AND DEATH
	PART I. DEA	TH WAS CAUSED IMMEDIA) BY: TE CAUSE (a)	prossure 1	mjocar	dial &	marc	Lon -	du Z	7	2 mm	ites 77
	410	7		R AS A CONSEQUENCE OF	0		0					
Н	Canditians, if an		(b)_	Cor	many	occu	sien					
	rise to immedia		1 /	R AS A CONSEQUENCE OF	- 0		F = 35					
	last.	errying couse	(c)								90.4	
	PART 2. OTHER S	SIGNIFICANT CON		IBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIV	EN IN PART 1	l(a)		
~	420) /			N	ONE						
ATIO	19a. DATE OF OPE	RATION 19b.	CONDITION FOR	WHICH OPERATION WAS PER	RFORMED	20a. AUTO	PSY?	20b.	IF YES, WERE	FINDINGS CO	ONSIDERED IN CE	RTIFYING
CERTIFICATION	V					YES 🗆	NO 🔯	CAUS	ES OF DEATH?	1		
CER	21a. ACCIDENT V			OF INJURY	21c. H	OW INJURY OCC	URRED (Enter	nature af inj	ury in Part 1	or Part 2, I	Item 18.)	
MEDICAL	or contributing						X					
MED	21d. INJURY QCC	URRED 21e.		Y AT HOME, FARM, STREET, FAC		OCATION Stree	t ar R.F.D. Na.	Cit	y ar Tawn		Caunty	State
	While Not wark	hile		OFFICE BUILDING, ETC.	1		X		+		X	X
			s hospital) c	attended the deceose	d from	SEP7	196	6_, to_	3/3	19	68 , that	(I) (we) las
	saw the	deceased a	live an	2/27	968, an	d thot in (m	y) (our) opir	nion death	occurred o	on the do	te ond hour o	and from the
		tated abave	, (I) (we) (di	d) (did nót) view the l	body atter	death.	1100	81315	11.00			
	22b. SIGNATURE	1000	x6	10 VA 10	٢	ATTENDIN	IG M	ED.	STAFF	22c. [DATE SIGNED	
Н	22d. PHYSICIAN'S	Mug	Mind	wit co the en	DEGR	22e, ADD		IRECTOR L	PHYS.	1 2/	13/68	
	NAME (Type	MARTI	NMH	OTHSTEIN.	M.D.		BROAD	TAV	ED O CIT	DITTO	MD 0	7 520
22-				23c. NAME OF			DITURIN		FROST			(State)
	BURIAL, CREMATI	1			MICH		CEM.			,	(Caunty)	(State)
24	ELINERAL DIRECTO	1 1 1 1 1					2Sa. REC'D BY			REGISTRAR'S		· gPID •
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MARYLAND STATE DEPARTMENT OF HEALTH 03428 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03409 dent 2 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within-24, hours after death. Charles (Type or print) Lease Harch Month :30 M 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years Male White last_birthdoy) January 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af werking life, even if retired.) please remove corbot Cumberland Sylvan Retreat 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY NO X Charlestown St. llegany Lonaconing ond in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Lost Howard Rachel Metz Lease 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, prunknown) Evelyn Rayner 212-18-1583A Rt2 Frostburg. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been 19a. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO T YES [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Aprill , 19 67, ta March 16, 1700 , 11101 (I) (We) 1021 the deceased alive an March 11 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 22e. ADDRESS PHYSICIAN'S NAME (Type) Memorial Hospital. monshir Cumberland director, bluods 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION

Oak Hill Cemetery

Lonaconing, Md.

25a. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE

196B

Charles

3/14/1968

24. FUNERAL DIRECTOR

George Eichhorn

30M REV. 1/68

SHOT The contract of the contract o Ty a late abelieve twelve Eagner litt Proutours, It.

Surial | 1/14/1968 Ogs Hill Depending | Lemonophing, Fd.

eorge ichora Loneconias, i.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

-			<u> </u>		TE OF BEATH				
	CEASED-NAME First ype or print)	1821	Middle	-45	Lost	2o. DATE O	Month Day	V	2b. HOUR
1	Margar Margar	et		Lea	ase		3 Manth 6 Day	68 ^{Year}	N
3. SE		4. RACE		S	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Female	Whi	te		2/29/188	0	last bighdoy) YRS.	MUNIHS DATS	HOUKS MIN
0. 1		7b. CITIZEN OF W		MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH		
Luui	Md Md	USA		WIDOWED A	DIVORCED	Al	legany		Md
0. 0	ITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR INSTIT		in hospitol 12a. USU	JAL OCCUPATION	(Kind af work dane	12b. KIND OF	BUSINESS OR
	Frostburg		street address) ers	Hospi	tal during n	Non	life, even if retired.)	INDUSTRY	
30.	USUAL RESIDENCE (Where decease ssian) STATE	d lived, if institut		3c. CITY OR T			TREET AND NUMBER	THEOLOGI	
diri	ssion) STATE Md.	13b. COUNTY	gany	Lonac	coning YES N	10 7	Charlesto	wn St.	
4. 1	ATHER'S NAME First	Middle	Last	IS.	MOTHER'S MAIDEN NAME		Middle		Last
	Howard		Lease		Rachael	Metz			
160. Y	WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY NO.		ORMANT		Address		
	es no ar unknown) (If yes give war		None		Evelyn Ra	yner,	Rt. 2 Fro		
Н	1B. CAUSE OF DEATH (Enter only	one couse per lip	pe for (a), (b), and (c).)	0.	16				MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	eleule	61	M			mir	utes
	4369		AS A CONSEQUENCE OF	- (n f 1	0			
	Conditions, if ony, which gave trise to immediate cause (a),	(b) G	enerale	yes	Certerio	scle	WSIS	400	us
	stating the underlying couse	DUE TO, OR A	AS A CONSEQUENCE OF	0				0	
1	lost.	(c)							
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	EN IN PART 1(a)		
NO	33/X								
CERTIFICATION	196. DATE OF OPERATION 19b. CO	ONDITION FOR WH	ICH OPERATION WAS PERFO	ORMED	20a. AUTOPSY?	CALISE	F YES, WERE FINDINGS C S OF DEATH?	ONSIDERED IN C	RTIFYING
RTIF	ACCIDENT WAS OURSELVING				YES NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21c. HOV	V INJURY OCCURRED (Enti	er nature af inje	ury in Part 1 ar Part 2,	Item 1B.)	
MEDICAL	(If either, notify medical examine	r) P.M.	19						
2	21d. INJURY OCCURRED 21e. F	LACE OF INJURY	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOC	ATION Street ar R.F.D. No	o. Cit	y or Town	County	Stote
	While Nat while at work		 			111.		/ 0	400
	22o. I certify that (I) (this sow the deceased ali	hospitol) atte	ended the deceosed	trom	that in (my) (aux) on	07, 10_	May 6, 19.	(a), that	(i) (we) los
	couses stoted above,	(I) (we) (did)	(did not) view the bo	dv ofter de	oth.	illion deoill	occurred on the do	ne and nour	and from the
	22b. SIGNATURE	50 (1000000			DATE SIGNED	X 20 1
	Hom	wei	Ami	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	317.6	8
	22d. PHYSICIAN'S	MALLE	- Cip	. D	22e. ADDRESS			5.0	20
	NAME (Type)	MILE:	syll, L	M.D.	LONAC	NIVIC	G MD.	مراح	39
3a.	BURIAL, CREMATION, 23b. DA	ATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATI	ON (City or Town)	(County)	(State)
	REMOVAL (Specify) 3	/9/196	8 Oak H	ill C	emetery	Lon	aconing.	Md.	
24.	FUNERAL DIRECTOR	, , ,	ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		ecc.
	George Eich	morn	Lonacon	ing,	DATE MA	R 8 1	968 years	THE WASH	

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	C. Sacretto	Day of the		
A LIKE WAR SERVICE	100			

MARYLAND STATE DEPARTMENT OF HEALTH 03430 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03411 CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH 2b. HOUA Middle (Type or print) MARCH Month DZ . 1988 MARSHALL LOGSDON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lag kirthday) IF UNDER 1 YEAR HOURS MALE WHITE JUNE 22. 1901 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH
ALLEGANY 8. MARRIED NEVER MARRIED COUNTRARYLAND U.S.A. WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR de in Stable ing life FOR ALLEGANY COUNTY CUMBERLAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO J MT. SAVAGE 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Lost LOGSDON JAMES E. SOPHIA MICHAELS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Yes no or unknown) 214-01-0055 MEMORIAL HOSPITAL CUMBERLAND. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 O FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospitol) attended the deceased fram 2 1962, ta 2 1/4, 1968, that (I) (we) last saw the deceased alive an 1960 and that in (my) (our) apinion deoth occurred on the dote and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S DR. W.A. VAN ORMER SO. CENTRE STREET. CUMBERLAND director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) BURIAL (Specify) MAR. 5 168 ECKHART, MD. ECKHART CEMETERY

VR A15 (4) 30M REV. 1/68

24 funeral pirector DURST, FROSTBURG, ADDRESS 215

250. REC'D BY REGISTRAR 25b. R
DATE MAR 8 1988

25b. REGISTRAR'S SIGNATURE

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CONTRACTOR OF THE PROPERTY OF

Section Section 5

James F. Scarpelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

03412

Year

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12b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired.) INDUSTRY rt A**breakman** Brakeman-Railroad 13e. STREET AND NUMBER Whitman Mrs. Velma Long, Wiley Ford, W. Va. -Wife APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH SUDDEN **ATHEROSCLEROSIS** ====== 20. AUTOPSY? YES XX NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) City or Town County State Inspection _______ Inquiry X and in my opinion Undetermined manner 22b. DATE SIGNED March 17, 1968 ADDRESS(Street, city, town, or count@umberland, Maryland 23d. LOCATION (City or Town) (County) (State) Cumberland, Allegany. DATE

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH 03432 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03413 CERTIFICATE OF DEATH Middle **DECEASED-NAME** First Lost 2o. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours after death. (Type ar print) Month awren DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years last birthdoy) MONTHS DAYS HOURS ottending physician and completely filled in by the permit. Then please remove carbon papers. Pages nov. 28 7a. BIRTHPLACE (State or foreign OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION King of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of warking give street address) Temo. event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY and in ony 14. FATHER'S NAME MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yesang, or unknown) HELECH WWI of dates of serving CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: acute museauleas IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c buriol-tronsit pe Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) tor use os the k i Health prior to b hos been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth_Doy Year P.M (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Not while at wark pe plnous couses stoted above (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, poge 3 should be filed a rue ac W DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS. 3.6. WETSMAN Compeland NAME (Type) 59 Greene

23c. NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR

ADDRESS

21502

(State)

(County)

2Sb. REGISTRA

VR A15 (4)

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03433 CERTIFICATE OF DEATH 03415 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR eath requires that the death certificate be executed within 24 hours after death (Type or print) Month JANE MC GOWAN MARCH 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR last birthday) HOURS FEMALE WHITE 01-07-95 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A. WIDOWED T DIVORCED [ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR life even if retired.) CUMBERLAND HOME signed by the ottending physician and completed buriol-tronsit permit. Then pleose remove corp 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? buriol, cremation, or removol, and in ony event admission) STATE 13b. COUNTY YES 🗀 NOF ALLEGANY MIDLAND P.O.BOX 41 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First WILLIAM MANLEY CATHERINE LANGAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) 212-38-5601 HOSPITAL RECORD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: LEFT VENTRICULAR FAILURE BETWEEN ONSET AND DEATH DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC AND CORONARY HEART DISEASE 2 YEARS Canditians, if any, which gave: buriol-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l Page 4 moy be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO MX YES 🗀 should be detached for use vith the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 3 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF 3-27-68 director, poge 3 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (TypeRALPH W. BALLIN, M.D. 62 GREENE ST. CUMBERLAND, MD

30M REV. 1468

23a. BURIAL, CREMATION,

PREMOVAL (Spicify)

George Eichhorn FUNERAL HOME LOI Lonaconing,

23c. NAME OF CEMETERY OR CREMATORY
St.Michael Cemetery DATE

23d. LOCATION (City or Town) Frostburg

(County) (State) Md A.

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0343 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

03414

1.	DECEASED-NAME	First	Waster Control	Middle			Lost			20. DATE KNOWN	Month D	oy Yeor	2b. HOUR
	(Type or Print)	Mary	7	Ann		Mc1	Elfish			OF ESTI-	MARCH	23.68	7=15M
3.	SEX	4. RACE	S. DATE OF BIRTH	1	6. AGE (In ye	ears IF UN	DER 1 YEAR	IF UNDER 2		2c. DATE PRONOUNCED			2d. HOUR
	Female	White	9/9/49		last birthda	YRS. MONTHS	DAYS	HOURS	MIN.	March 23.1	988	Yeor 18 = 0	5 AM
70	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WHAT	COUNTRY?	B.		NEVER MARR	IED X		ITY OF DEATH	,	1,5 %	7 7 7 7 7
	Marylan		USA			WIDOWED		ED 🗍	AI	legany			Md.
10	. CITY OR TOWN O	F DEATH	11. NAN	ME OF HOSPITAL		ITION (If not		12a. U	SUAL OCC	UPATION (Kind of world		b. KIND OF BUS	-
	ear Cumb			REDOTHEA		SPITA		St	uden	working life, even if re		DUSTRY	
13	admission) STATI		sed lived, if instituti	on: Residence b				INSIDE CITY LI		13e. STREET AND NUMB			
L	Mary	land	4444	gany		intst	7416	ES N	-	Rural Rou	te #2		
14	. FATHER'S NAME	First	Middle		Lost	15. MO	THER'S MAIDE	N NAME	First	Midd	le	Los	t
L	- S. 1-7-2	Anthony		McEl:				El	izab	eth		Bridge	s
16	O. WAS DECEASED ET	VER IN U.S. ARMED	FORCES?	6b. SOCIAL SECUR	RITY NO.	17. INFOR	MANT			ADDRESS			Et H
L	(Yes, no, or unknow	Will) (If yes give	wor or dates of service)	None		Mrs.	Antho	ny M	cElf	ish, Route	#2, 1	Flintst	one, M
Γ	18. CAUSE OF	F DEATH (Enter on	ly one couse per line	for (o), (b), on	d (c).)			U.y.				APPROXIMATE BETWEEN ONSET	
П	PART I. I	DEATH WAS CAUSE	D BY:		ASPH	YXIAT	ON					MINUTE	
1	ASPHYXIATION MMEDIATE CAUSE (a) ASPHYXIATION DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gove) COMPRESSION OF CHEST										MINUTE	S	
ı	rise to immediate couse (a), Statistical forms of the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
П	last.	inderlying coose	(4)		()	ITOMOR	LE AC	CIDE	MTI		-5-1-1		
1	PART 2 OTHER	SIGNIFICANT COND	(c)	G TO DEATH RUI						I GIVEN IN PART 1(o)			
В	12353	L.	THORS CONTRIBUTION	O TO DEATH DOT	HOT KELD	TED TO THE	EKMINAL DISI	TASE OK C	ONDITION	OIVER IN PART 1(0)			
CEDTIELCATION	190. DATE OF O	OPERATION	i	9b. CONDITION F	FOR WHICH	OPERATION	100	1				20. AUTOPS	/?
EICA				WAS PERFOR	RMED?							YES TO	NO 🗆
CEDT	210. EXTERNAL	CAUSE WAS	21b. TIME OF IN	IJURY Month, Doy	v. Year	21c. HOW	INJURY OCCL	IRRED (Ent	ter noture	of injury in Port 1 or	Part 2 Item	-	
		R CONTRIBUTING [HOUR A M									,	
MEDICAL	21d. INJURY OC		PLACE OF INJURY (At	March 2	517 00		TON Street or			City or Town	DEI	OFORD C	O. PENN
	WHILE AT WORK		ctory, office building,	etc.)	001,								
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			ook charge of the								uiry 🗶,		ny apinian
	death re	esulted fram:	Natural cause	S Acc	ident ()	(), Suicio	e	Hamicid	е <u></u> ,	Undetermined m	nanner _		
ш	ACTUAL -	13	. 1	112		-11		MEDICAL :					
L	SIGNATURE	Len	dict	Skill	ree	lec				MINER	2b. DATE SIG		
t	EXAMINER'S	BEN	NEDICT SK	ITARELI	C. M	1.D.		Y MEDICA				, 1968	
L	NAME (Type)							ESS(Street,		n, or could MBER			ND
2	3a. BURIAL, CREMA		DATE			TERY OR CRE	-	The l		LOCATION (City or Town			itote)
L	REMOVAL (Spec	""	3/26/68			lard C				Beans Cove,			nna.
2	4. FUNERAL DIRECT	ORW 7	Hale		HDDRESS						ISTRAR'S SIG		
13	ohn j	lafer, J	r 230Ball	to Ave.	, Cumi	. Md.	0	ATEMA	K 2	6 1968	thank	By Juney	-

VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03435 CERTIFICATE OF DEATH 03416 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Lost First 10Doy puo (Type or print) Month the funerol Verna Metz 1968 Mar 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SFX 6. AGE (In years IF UNDER 24 HRS. hin 72 hours ofter HOURS lost birthdoy) Female White Oct. 10. 1905 62 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md ed In U.S.T. DIVORCED [Allegany WIDOWED | I MAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) INDUSTRY remove corbon ond in ony event, wit Frostburg Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md Barton 13b. COUNTAllegany YES NO TE 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First George Matz Emmaline Greenhorn signed by the ottending physician buriol-tronsit permit. Then please burial, cremotion, or removol, and 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) Arthur Metz-Barton Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO, OR-AS A CONSEQUENCE OF Conditions, if ony, which gove) 10051 lone rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Heolth prior to hos been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION use as CAUSES OF DEATH? YES 🗀 NO 🖂 certificote 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work , 1965, to Mar 10, 1968, that (1) (we) lost 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1962, 1962, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stoted above, (I) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE/ ATTENDING MED. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Leslie R. Miles NAME (Type) Lonaconing, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) 3/13/68-Laurel Hill Moscow Mills -Alle. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Westernport, Md. 1988 Charge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0341

ECEASED-NAME	First	50+10	Middle		Lost	2a. D	DATE OF DEATH	Vees -	2b. HOURA	
Type or pinny	M:	rs.	Myrl	Mic	hael	Ma:	rch 27	1968	11:30	
EX	1		L				6. AGE (In years	IF UNOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
r'emale	16.55	wnı.	te		Jan. 3, 18	394	74 YRS.	MONTHS OATS	HOURS MIN.	
BIRTHPLACE (Stote or fo	reign 7b.	CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	NTY OF DEATH	11,037		
Wirgin:	ia	USA				A	llegany		Md.	
CITY OR TOWN OF DEAT	Н	11. NA	ME OF HOSPITAL OR INS	TITUTION (If not	in hospital 120. USU	IAL OCCUI	PATION (Kind of work done	12b. KIND O	BUSINESS OR	
				.Memor	ial Hospits	Jost of M	HAR RE MAT LELLEGY)	INDUSTRIO	wn Home	
USUAL RESIDENCE (Wh	ere deceased l	VERMINOS IO.					13e. STREET AND NUMBER			
Mar Mar	yland	ISD. COUNTY	Allegany	Cumbe	rland YES N	10 []	26 Boone St	•		
FATHER'S NAME F	rst	Middle	Last	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost	
F:	rank	Pri	ddy		Mary Lau	una	Gutheridge			
	N U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N							
es, na, ar unknawn)	(1) Yes give war or	ones or service)		Mr	. William	Shin	holt, Cumberl			
			ne for (o), (b), and (c).)				APPROX BETWEEN	IMATE INTERVAL ONSET ANO GEATH	
PART I. DEATH WAS CAUSED BY: Acute Coronary Thrombosis									Sudden	
4 / () DUE TO, OR AS A CONSEQUENCE OF										
(conditions, if ony, which gove) (b) Arteriosclerotic Carriosascular Disease										
lost. (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)										
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING 1216. TIME OF INITIALLY PORT 2. Item 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INITIALLY PORT 2. Item 211. HOW INITIALLY OCCURRED. (Finter nature of initially in Port 1 or Part 2. Item										
19a. DATE OF OPERATION	N 19b. CON	DITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?			ONSIDERED IN (ERTIFYING	
	YES NO CAUSES OF DEATH?									
				21c. HO\	V INJURY OCCURRED (Ente	er noture	of injury in Port 1 or Part 2,	Item 18.)		
(If either, notify med	col exominer)	P.M.	19							
21d. INJURY OCCURR	D 21e. PLA	CE OF INJURY	AT HOME, FARM, STREET, FAC	TORY.) 21f. LOC	ATION Street or R.F.D. No	a.	City or Tawn	County	State	
at wark at wark								40.75	7. 3º La	
22a. I certify that (I) (this hospital) attended the deceased from 1954, 19, to March, 1968, that (I) (WE) lost										
saw the dec	eosed olive	On This I'm	(did not) view the	9 <u>.08</u> , and	thot in (my) (ötür) op	pinion d	eath occurred on the d	ote ond hour	and from the	
	d goove/(I) (western)	(did not) wew me i	body difer de		_	226	DATE SIGNED		
ATTENDING MED. STAFF										
22d. PHYSICIAN'S	Herry	-	10/		22e. ADDRESS	DIRECTOR	m.s	7-20-00		
	Dr.G.C	verton	Himmelwr	right, M	D133 Virgi:	nia	Ave., Cumber	rland, M	d.	
BURIAL, CREMATION,	23b. DATI		23c. NAME OF	CEMETERY OR C	REMATORY	23d.	LOCATION (City or Town)	(County)	(Stote)	
REWBAYT(2 becitA)	Apr.	30,196	8 Sunset	Memor	ial Park			Legany.	Md.	
FUNERAL DIRECTOR	Scarr	elli.	Cumbe ADBRESS	nd, Md.		BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE		
2	E	,			DATE A	PR 2	_ 1968 year	ares	noge	
	Type or print) XX Female SIRTHPLACE (Stote or for the print) ITY OR TOWN OF DEAT Cumberlar USUAL RESIDENCE (Whission) STATE ATHER'S NAME FINA WAS DECEASED EVER I es, no, or unknown) 18. CAUSE OF DEATH PART I. DEATH W Conditions, if ony, where is a immediate constanting the underlying lost. PART 2. OTHER SIGNII 190. DATE OF OPERATION 210. ACCIDENT WAS INTO OR CONTRIBUTING OF CONTR	Type or print) XX Female SIRTHPLACE (Stote or foreign of the printy) Virginia ITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (Where deceased ission) STATE Maryland ATHER'S NAME First Frank WAS DECEASED EVER IN U.S. ARMED es, na, or unknown) 18. CAUSE OF DEATH (Enter only one part 1. DEATH WAS CAUSED BY IMMEDIATE of the print of the part of	Type or print) ATS. A RACE Female BIRTHPLACE (Stote or foreign ITY) Virginia USA ITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (Where deceased lived, if institution in the print	White A RACE White SIRTHPLACE (Stote or foreign The Country) Wirginia The Country Wirginia Wirginia	Wrs. Myrl Mick X	Mrs. Myrl Michael	Mrs. Myrl Michael Max X A. RACE White Jan. 3, 1894	Wrs. Myrl Michael March March	Wind Winte S. DATE OF BIRTH JAN. 3, 1894 JAN. 6E (In years by the principle of th	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Programmed to the state Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		ECEASED-NAME Type or print)	DORA Pirst	Middle	MILLER Mgnth 2D2					
	3. SE	FEMALE	4. RACE	COLORED		3 - 20 - 489	2	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	2:35M IF UNDER 24 HRS. HOURS MIN
	coun	BIRTHPLACE (Stote or for	W. VA.	OF WHAT COUNTRY?	WIDOWE			EGANY		Md
50		CUMBERLAN	D		MEMORIA	durin		ON (Kind of work done ng life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
5	13a. admi	USUAL RESIDENCE (When ission) STATE W	VA. 13b. CO			PAW 13d. INSIDE O	NO 13e.	P.O. BOX	93,	
3			IUEL	5	HTIM	1S. MOTHER'S MAIDEN NAM	MARY	Middle	PO	WELL
		(es, Nor unknown)	U.S. ARMED FORCES' (If yes give war or dates of se		URITY NO. 17.	MEMORIAL	HOSPIT	AL - CUMBEI	RLAND,	
		18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (c	nu	land o	interlet	flero	t llon		MATE INTERVAL NSET AND DEATH
		Canditions, if any, whi rise to immediate car stating the underlying lost.	ch gove)	(c) OR AS A CONSEQUEN	1				-yr	~~
	NOI	PART 2. OTHER SIGNIFI 4200 19a, DATE OF OPERATION		ONTRIBUTING TO DEATH		TO THE TERMINAL DISEASE		VEN IN PART 1(a) IF YES, WERE FINDINGS CO	ANCIDEDED IN CE	DTIEVING
X	CERTIFICATION					YES NO CAUSES OF DEATH?				
	MEDICAL CE	OR CONTRIBUTING CA	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 16 either, notify medical examiner) P.M. 19							
	W	21d. INJURY OCCURRED While Nat while at wark				LOCATION Street ar R.F.D	. No. Ci	ty or Town	County	State
	N. P. S.	22a. I certify that saw the dece causes stated	(I) (this haspital ased alive an_ d abave, (I) (we)	(did) (did nat) view	eceased from 1967, 6 v the bady after	nd that in my) (aur)	9, ta apinian death	accurred an the day	e and haur	(I) (we) last and fram the
		22b. SIGNATURE	when	Men	DEC	GREE PHYS.	MED. DIRECTOR	STAFF 22c. D	ATE SIGNED	15
	,	22d. PHYSICIAN'S NAME (Type)	DR. BLA	NE SCHINE			REENE S	T., CUMBE	RLAND,	MD.
H		BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/23/1	968 Car	ME OF CEMETERY O	Ce,	Pa	TION (City or Town) W Paw, More		(State) V. Va.
	60.	FUNERAL DIRECTOR Johnson Fu	neral Ho		DRESS Ley Spgs	25a. PEG	BY RIGISTRAR	1968 PSb. REGISTRARS	MATURISME	ge.

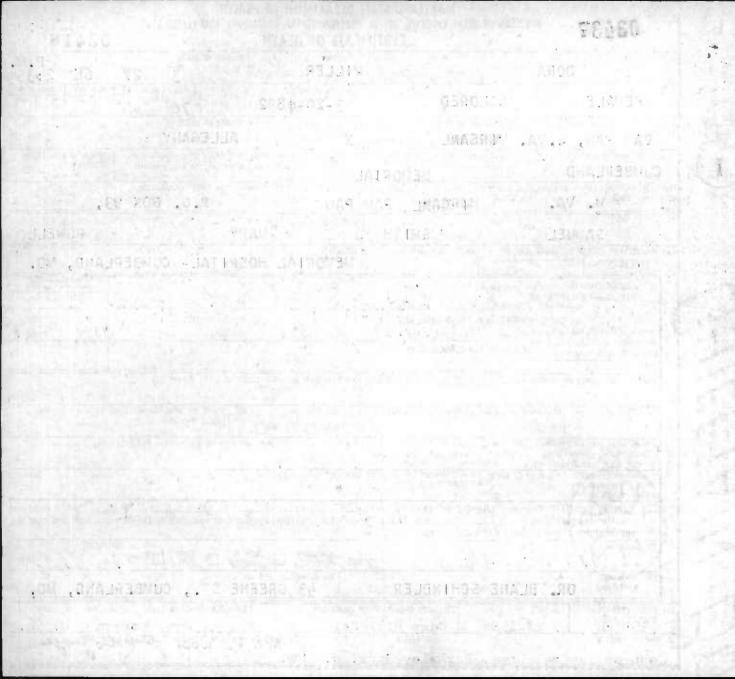
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within it VR A15 (4) 30M REV. 1/68

Pages 1 and 2 offer death,

funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retoined by the hospital or ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after depth.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the hospital or ottending physician.

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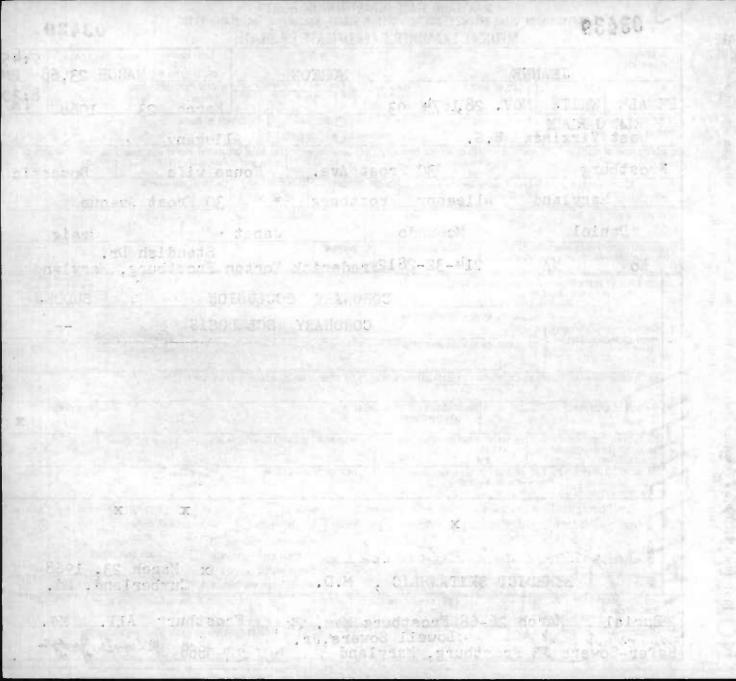
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

IVI		ECEASED-NAME First Type or print) William	Middle Alexander	lost Moore	20. DA	NE OF DEATH	A AMHOUR 12:404
(I)	3. S	EX Male	4 RACE White	S. DATE OF 8	81RTH /1881		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
within /2 hour	B 10.	arton, Md. CITY OR TOWN OF DEATH Cumberland	7b. CITIZEN OF WHAT COUNTRY? United States 11. NAME OF HOSPITAL OR INS APTIEGANY Cour	8. MARRIED NEVER MAN WIDOWED DIVO STITUTION (If not in haspital nty Infirmar	ARRIED X 9. COUNT ORCED Alle 12a. USUAL OCCUP. dwiggrest etwo	ry of DEATH gany County, arion (Kind of work done rking if e even if retired.)	Cumberland Md. 12b. KIND OF BUSINESS OR INDUSTRY
event	ode	arylandver Ave.	ed lived, if institution: Residence before	13c. CITY OR TOWN £umberland		3e. STREET AND NUMBER 620 Shriver	Ave.
1	14.	FATHER'S NAME First James	Middle Lost Walter Moore		Mary	Middle Ann	Jones
, ,		WAS DECEASED EVER IN U.S. ARM Yas, no, grunknown) (If yes give wi UNKNOWN)	ED FORCES? or or dates of service) 213-03-541	NO 17. INFORMANT 82 Allegany	P.O. Box 59 County Inf	9 Address irmary-record	s
a), cremotion, or removal, and in ony event, within 72 hours att		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and (c). BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Durth me	Jusus kir itali ies isis	isney of	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH PROSPECT OF STREET AND GEORGE AND GEORGE
X	CERTIFICATION	(nahiii	DITIONS CONTRIBUTING TO DEATH BUT NO SECURITY AND A SECURITY OPERATION WAS PE	REFORMED 200. AUS	PSY? IZ	OLOUIS IN PART 1(a) 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	MEDICAL (OR CONTRIBUTING CAUSE OF DEATI (If either, notify medical examin 21d. INJURY OCCURRED While Nat while at work at work	HOUR A.M. Manth Day Year	9 CTORY,) 21f. LOCATION Stre	eet ar R.F.D. Na.	City or Tawn	Caunty State
		saw the deceased al causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ive an March 5 1, (I) (we) (did) (did not) view the	1968, and that in (r body after deoth. DEGREE ATTEND PHYS. 22e. AD	MED. DIRECTOR		e and hour and from the ATE SIGNED - 7-68 Verland Mod
Should	23a	BURIAL, CREMATION, 23b. D. PEMOVAL (Specify)		CEMETERY OR CREMATORY MORIAL PARK		OCATION (City or Town) ROSTBURG, MI	(County) (Stote)
15 (4) V. 1/38	24.	FUNERAL DIRECTOR	ADDRESS T'SR. FROST BURG		2Sa. REC'D BY REGISTI	RAR 1968 REGISTRAR'S S	IGNATURE

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u		Digital Comme		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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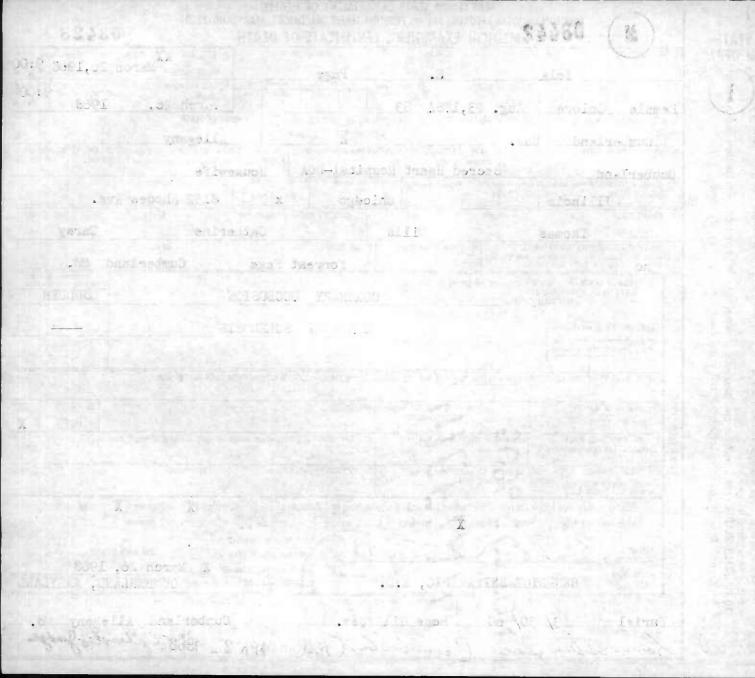
			3 70 10								
	PLACE OF DEATH ALLE GANY o. COUNTY ALLE GANY MARYLAND	a. STATE PA. b. COUNTY	e before odmission)								
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give	nearest town)								
	d. NAME OF HOSHIA OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO								
3.	NAME OF DECEASED (Type or print) E. GRAYSON NOR	THERAFT 4. DATE OF MARCH 3	Day Vens								
S.	1441 5	B. DATE OF BIRTH 2 -7 -97 9. AGE (In years last pirthday) Months Months	YEAR IF UNDER 24 HRS Days Haurs Min.								
dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Farmer Farming	ARTEMAS, PA. U. COL	IZEN OF WHAT								
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	MICHAEL NORTHCRAFT	LEONA WILSON									
1S. (Y)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 170-12-5717 MEMORIAL HOSPITAL, CUMBERLAND, MI										
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (t).) PART I. DEATH WAS CAUSED BY:	1	INTERVAL BETWEEN ONSET AND DEATH								
	IMMEDIATE CAUSE (a) Williple 14	eyelowe	3 000								
	Canditions, if any, which gave		**								
	rise ta immediate cause (a),										
	stoting the underlying cause Last. (c)										
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?								
ATIO	203x vrince		YES NO								
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature af injury in Part I or Part II af item 18.)									
MEDICAL		CE OF INJURY (Hame, farm, tary, street, office bldg., etc.)	inty) (State)								
	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an19, and tha	t death occurred at 4:35 M, from eauses and an th	, that (I) (we) lone date stated aba								
	220. SIGNATURE I. C. Loss 128 M.	D. PHYS. DIRECTOR PHYS. 4/1	TE SIGNED								
	22c. PHYSICIAN'S NAME (Type) DR. I. DROSS	22 COMBERLAND, MD.									
23	a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 4/3/68 23c. NAME OF CEMETERY OR BURIAL CREMATION, REMOVAL (Specify) BURIAL CREMATION CRE	Southampton Tur	(County) (State)								
2	4./FUNERAL PIRECTOR / ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE								
0	Fynford V. Conner Everett, P	a. DATAPR 8:_ 1968 gclient	De la								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Rages Y and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs-effer Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 442 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03423 FOR STATE HEALTH DEPT. 1. DECEASED NAM 20. DATE KNOWN Month Day Year (Type ar Print) DEATH MATED March 26,1968 10 Iola delay 3 4 RACE AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH and last birthdoy) Colored Aug. 23.1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) in Item 18. Give Pages 1 WIDOWED Y DIVORCED [Allegany with the State Cumberland IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street address)
Sacred Heart Hospital-DOA Housewife Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Tlineis 13b. COUNTY YES NO 8152 Rhodes Ave. Chicago land 2 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Mills Catherine Thomas Carev hours pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (Yes, no, or unknown) (If yes give war or dates of service) Forrest Page Cumberland Md. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave CORONARY SCLEROSIS rise ta immediate cause (a). writing the ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗔 NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote factory, office building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X and in my opinion Notural causes X. Accident . Suicide . deoth resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X March 26, 1968 TO FUN Health **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or county) CUMBERLAND. MARYLAND NAME (Type) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial Rose Hill Cem. Cumberland Allegany 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGI



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2a. DATE OF OEATH 2b. HOUR (Type or print) Harry J. Pressman 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years (F TINDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS Male White April 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Allegany WIDOWED [DIVORCED | Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) Frostburg during most of working life, even if retired.) INDUSTRY Hospita Carpenter 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) - STATE 13b. COUNTY YEST NO T Grant Street Maryland 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MATDEN NAME First Middle Henry Pressman Ellen arrel 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 213-01-5953 Robert Pressman 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRAIN MOUTE IMMEDIATE CAUSE (a) Conditions, if any, which gave iRcubatory rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause FREBRAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 3/22 3/25/ 1962, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on_ couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Stron 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Michael's Cemetery Frostburg Buria 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Frostburg.

DATE

Md

O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be filed v VR A15 (4)

Joseph

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and hurial cromation ar remaval, and in any event, within 72 haurslafter deal

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MARYLAND STATE DEPARTMENT OF HEALTH Items 7a. 7b Finitision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4/11/68 kk CERTIFICATE OF DEATH 03425 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Month Year (Type or print) 68 Ravenscroft IF LINDER 1 YEAR IF LINDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years Whire MONTHS OAYS HOURS last birthday) Male 1-26-1884 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED [Kearny, Neb. 12a. USUAL OCCUPATION (Kind of 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) COUNTY Home FURNACE ST. Extende during most of working life, even if retired.) CumbeRLaNd sician and campletely please remave carbo crematian, ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY WESTERN PERT YES TO Allegany MaIN 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Ward GIBSON RZVENSCROFT CORA physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes po, ar unknown) (If yes give war ar dates of service) Eleanor Umstot Cumberland. Md. 220-10-0585 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave rise to immediate cause (a). ONSEQUENCE OF DUE TO, OR AS stating the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal the haspital ar attending **DIRECTOR:** After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 af Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at wark be retained by 22b SIGNATURI 22c. DATE SIGNED ATTENDING STAFF 3/29/68 directar, page 3 shauld be filed v DIRECTOR 22e. ADDRESS PHYSICIANS O FUNERAL NAME (Type) emoRIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) 3/31/68 Md Philos Westernport Westernport, Md. VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME (Type or print) First Will	iam	Middle	Re	last iver		2a. DATE OF		Doy 196	6 78 1	2b. HOUR
3. SEX Male	4. RACE White			S. DATE OF BIRT)/1895		6. AGE (In years last pirthday)	YRS.	DER 1 YEAR S OAYS	IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (Stote or foreign cauntry) MD •	7b. CITIZEN OF WHAT USA		WIDOWED		ED [egany			M
10. CITY OR TOWN OF DEATH Frostburg	give stree	of Hospital or In	Hospi	tal	duriff Bet	⊉Į I ω66γig∂	(Kind of work d	ed.) INC	OUSTROOF I	BUSINESS OR
13a. USUAL RESIDENCE (Where decease admission) STATE NO.	ed lived, if institution:		Lonac	oning	YES NO		uglas			
	Middle Reiver	Last			oen name First		Midd	le		Last
16a. WAS DECEASED EVER IN U.S. ARN Yes, na, ar unknown) (Heyer give w	AED FORCES?	b. SOCIAL SECURITY	NO. 17. IN	Mrs.	Bessi	e Bar	clay,			ng, M
Canditians, if any, which gave isse to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A OUE TO, OR AS A (b) DUE TO, OR AS A	TO DEATH BUT N	Jail enger or related to lecosi	THE TERMINAL	uonic	20b. 1F	N IN PART 1(a) MOMONTO YES, WERE FINDIN OF DEATH?	47,	7 de 10 de 1	4. 3
19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF GEAT (If either, notify medical examin 21d. INJURY OCCURRED 121e.	HOUR A.M.	Manth Day Year	9			ature af inju	ry in Part 1 ar Pa	ort 2, Item 18		State
While Not while at wark 220. I certify that (I) (the saw the deceased of causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	is hospitol) oftend	led the deceas	ed from_=	that in (my eath.	(Our) opini	, to Non death of		, 19 <u>68</u> ne dote on 22c. DATE S	C, thot	8
	DATE 1/7/1968	Oak I		emeter	ry	23d. LOCATIO	ON (City or Town)	(Cau	unty)	(State)
24. FUNERAL DIRECTOR GEORGE EIC	HHORN	Lonaco			DATE MAR		968 PEGISTI	RAR'S SIGNA	TURE You	age.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/60

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03446 0342 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH First 2b. HOU 24 hours after deoth. erol (Type or print) ROBY Charles Clarence 1:00M 4. RACE 3. SFX S DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR lost birthdoy) WHITE 12-1-95 MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AND NEVER MARRIED 9. COUNTY OF DEATH "KIFER, MD. ALLEGANY U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY HOSPI TAL CUMBERLAND Police Dept. event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MD 13b. COUNTY LEGANY YES 403 LINDEN STREET Cumberland NO and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Middle Lost LAYTON AH ALBERT ROBY MOLLIE signed by the ottending physicion o burial-tronsit permit. Then pleose buriol, cremation, or removal, and ir 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT CUMBERLAND, MD. MEMORIAL HOSPITAL Yes no or unknown) (If yes give war or dates of service) 220-11-7068 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) RUPTURED DISSECTING ABDOMINAL ANEURYSM HOURS DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARBOVASCULAR DISEASE YEARS Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X7 NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fromand that in (my) (Sur) apinian death accurred an the date and have and from the saw the deceased alive ancauses stated abave, (1) (Xe) (did) XOX view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 3-18-68 22d. PHYSICIAN'S T CUMBERLAND, G. OVERTON MD. NAME (Type) DR. director, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 3-18-68 Sunset Memorial Park Cumberland Allegany Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 I LANGUYALAN MOOR H. Lee Silcox 404 Decatur Cumberland, Md. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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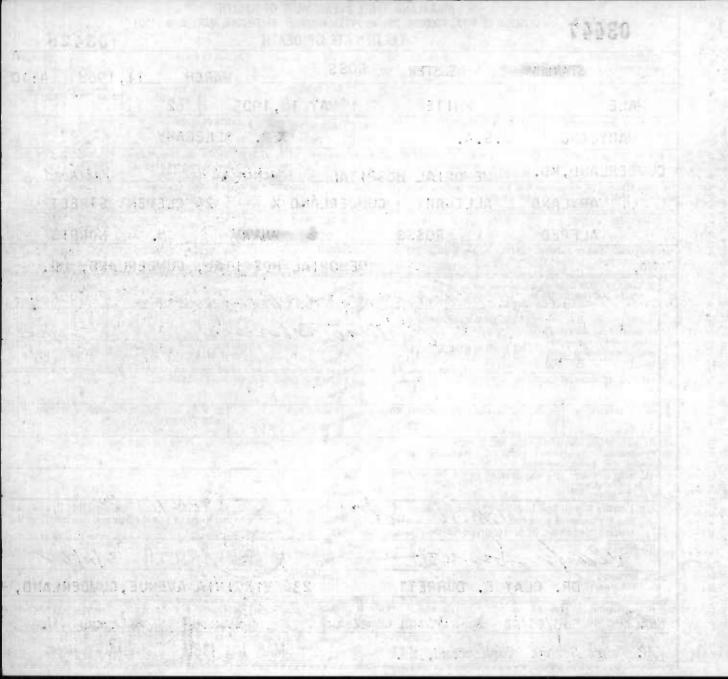
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03428 2o. DATE OF DEATH DECEASED-NAME Middle Lost 2b. HOURA First (Type or print) ROSS STANLEY WEBSTER MARCH 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) HOURS MAY 18.1905 MALE WHITE within 72 hours in by 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED S Hou MARYLAND DIVORCE ALLEGANY U.S.A. popers WIDOWED the attending physician and completely filled sit permit. Then please remove carbon pope 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)

MEMORIAL HOSPITAL during most of working life, even if retired.)
Machinist Helper **INDUSTRY** CUMBERLAND. MD. Railroad 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN I3e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY LEGANY NO T 24 CLEMENT CUMBERLAN STREET ond in ony 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Last ROSSS ALFRED AMANDA NORRIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) or removal, CUMBERLAND, MD MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN DISET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the hos been 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO | TO HOSPITAL OR ATTENDING PHYSICIAN: T Poge 4 moy be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while of work 22a. 1 certify that (I) (this haspital) attended the deceosed from the saw the deceased alive on 1968, ond that in (my) (our) apinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S CLAY E. DURRETT 236 VIRGINIA AVENUE, CUMBERLAND, M NAME (Type) director, should by 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION 23d. LOCATION (City or Tawn) (Caunty) (Stote) B REMOVAL (Specify) Dawson Allegany 3/13/68 Dawson Cemetery Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D_BY REGISTRAR VR A15 (4) 30M REV. 1/68 H. Wayne George Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



03448

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		******				K	4
	ECEASED-NAME First Type or print) HAROLD	Middle SYLVESTE	R ROV		DATE OF DEATH O3 Manth O I	Day 68 Year	2b. HOUR
3. S	MALE	4. RACE WHITE	s. date 0	F BIRTH 13-19	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS RS.	HOURS MIN.
7a. cau	BIRTHPLACE (State or fareign ntry) Marykand	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER WIDOWED X D	MARRIED 9. CC	OUNTY OF DEATH ALLEGANY		Md
	CUMBERLAND, MI		HEART HOSE	al 12a. USUAL OC	CUPATION (Kind of work do	12b. KIND OF B	BUSINESS OR ESE
13a. adm	USUAL RESIDENCE (Where decease ission) STATE W. VA	ed lived, if institution: Residence before 13b. COUNTY MINERAL	13c. CITY OR TOWN RIDGELEY	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER 61 CARPENT		
4.	FATHER'S NAME First ARTHUR	Middle Last ROWE	1S. MOTHER'S	MAIDEN NAME First CHARLO	Middle		Last LIER
	WAS DECEASED EVER IN U.S. ARM (es, no pounknawn) (If yes give wo	AED FORCES? Var or dates of service) 16b. SOCIAL SECURITY 2 17-10-17			Carl E. Rowe	Ridgele	nter Ar y, W. Va.
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	DUE TO OR AS A CONSEQUENCE OF (c)	Total TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	Ty.	~
CERTIFICATION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20a. A	UTOPSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CER	RTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Day Year ner) P.M.	9		ure of injury in Part 1 or Part	2, Item 1B.)	
ME	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	0	EA	City ar Tawn	Caunty	State
	22o. I certify that (I) (this sow the deceased al causes stated abave	is hospital) attended the decease live on (did) (did not) view the	ed from 19 2 and that in body after death.	(rhy) (our) opinian	death occurred an the	dote and have a	(I) (we) los ind from the
	22b. SIGNATURE	willer		NDING MED.	OR STAFF	22c. DATE SIGNED	5F-
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23a.	BURIAL, CREMATION, 23b. D						
	REMOVAL (Specify) 3/		CEMETERY OR CREMATOR t Memorial 1		d. LOCATION (City or Town) Cumberland, GISTRAR 25b. REGISTR		(State) Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR A 24 hours after death (Type or print) SCHRAMMA MARCHINI KARL 3. SEX 4. RACE S. DATE OF BIRTH 1905 IF UNDER 1 YEAR 6. AGE (In years last birthdog signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers, Pages burial, crematian, ar remaval, and in any event, within 72 habses at 29, MALE WHITE SEPTEMBER 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) BARTON, MD. ALLEGANY U.S.A. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)

Gift Shop Operator give street address) INDUSTRY CUMBERLAND MEMORIA N (3d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER STREET 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost ELIZABETH SCHRAMM KYLE HENRY 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one cause per line fap (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work O FUNERAL DIRECTOR: After Le, 19/0/, to 220. I certify that (1) (this haspital) attended the deceased from 19 6 8 and that in (my) (our) apinion death occurred an the date and haur and from the sow the deceosed olive on_ causes stoted obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR.W.F. WILLIAMS 122 SO. CENTRE STREET. CUMBERLAND directar, shauld b (Stote) MD. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) 3/4/1968 Laurel Hill Cemeterv Md Moscow 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Lonaconing, Md. George Eichhorn 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03450 CERTIFICATE OF DEATH 03431 2b. HOUR A DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. (Type or print) Ethel March Shepherd 7:20 M M. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In veors **OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after MONTHS 1886 White April 30. Female signed by the ottending physician and completely filled in by burial-tronsit permit. Then please remove carbon papers. P 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED carbon papers. Utica, Ohio Allegany United States WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Housewife give street oddress) Home Allegany County Infirmary Cumberland event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md 13b. COUNTAllegany YES Cumberland NO 11 Fifth St. ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Lost Shaffer Hall Alexander Clarissa or removol, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) No (If yes give wor or dates of service) 217-54-6726-T Allegany County Infirmary Records-P.O.Box599 18. CAUSE OF DEATH (Enter only one cause per lips for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b O FUNERAL DIRECTOR: After this certificate has been the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES [USe Poge 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enternature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year to P.M. (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work Stote 220. I certify that (I) (this haspital) attended the deceased from March 7 , 1968, to March 26, 1968, that (I) (we) lost saw the deceased alive an March 25 1968, and that in (my) (our) opinian death occurred an the date and hour and from the

causes stoted obave, (I) (we) (did) (did not) view the bady ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS

NAME (Type) George Simmons Memorial Hospital- Cumberland, Md. M.D. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County)

BEMOYAL (Specify) March 29,1968 Sunset Memorial Park Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

22e. ADDRESS

Scarpelli, Cumberland. Md.

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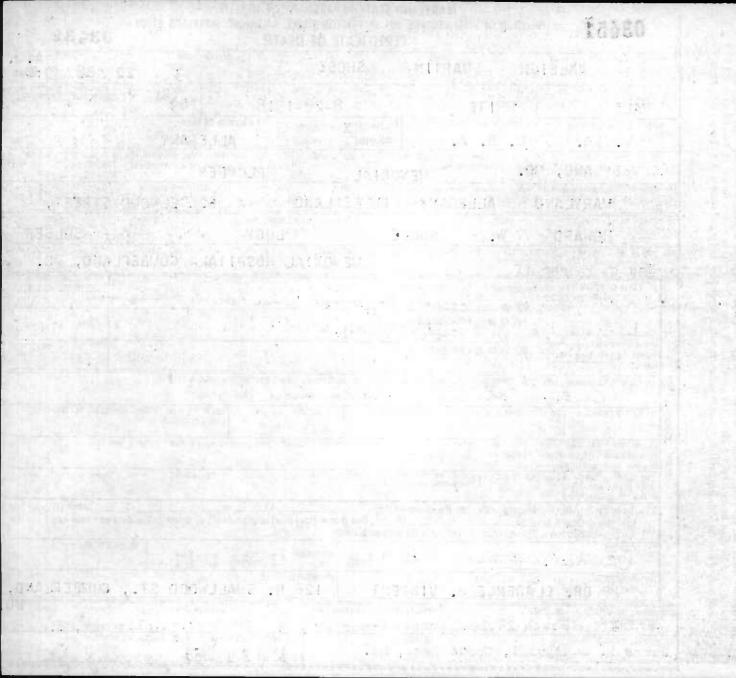
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Section 19 Layer Transfer of the Control of the Con

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03451 03432 CERTIFICATE OF DEATH RALE I GH 26 AlouA DECEASED-NAME 2g. DATE OF DEATH MARTIN ges 1 and 2 after death. 2 haurs after death (Type or print) physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 3:10 6M IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX lost birthdoy) 8-28-1918 MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED U. S. A. VA. WIDOWED | DIVORCED ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of warking life, even if retired.) give street address) **INDUSTRY** CUMBERLAND, MD. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmissian) STATE MARYLAND 13b. COUNTALLEGANY CUMBERLANDES NO X 626 ELWOOD STREET 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle HOWARD SHOBE LUCY SULSER 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND. MD. Yes na, ar unknown) War APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acula Mujocardia DUE TO, OR AS A CONSEQUENCE OF Calenio - scleroses Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) shock and Congestive heart O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work _, 19_____, that (I) (we) last 22a. I certify that (I) (this hospital) attended the deceased from_____ 19 _, to_ saw the deceased alive an______19____, and that causes stated above, (I) (we) (djd) (did not) view the body after death. _, and that in (my) (our) apinian death accurred an the date and havr and from the directar, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR *Orience DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. 126 N. SMALLWOOD ST., CUMBERLAND CLARENCE J. VINCENT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 23a. BURIAL, CREMATION, BREMOVAL (Specify) March 24.1968 Sunset Memorial Cumberland, Allegany, Md 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) James F. Scarpelli, Cumberland, Md. DATMAR 2 6 1968



MARYLAND STATE DEPARTMENT OF HEALTH 03452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03433 Lost 2o. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR after death (Type or print) 9680 Alfred Sidaway March 3:55 M Lerov 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR IF LINDER 24 HRS. 3. SFX Clast birthdoy) HDURS White Oct. 22, 1906 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) Maryland Allegany USA WIDOWED [DIVORCED law requires that the death certificate be executed within 24 physician and completely filled en please remave carban pape 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Memorial Hospital Retired Postal Clerk-Government give street oddress), Cumberland and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES TO NO Maryland Virginia Ave. Allegany Cumberland 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Harry Sidaway Bertha L. Weber 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 214-28-7190 Mrs. Ethelwyn Sidaway, Cumberland, Md. Wife War 18. CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to l as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 2Do. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🗀 NO [be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while of work (o 1 . 1962, that (1) (we) last 22a. I **certify** that (I) (this haspital) attended the deceased from sow the deceased alive an 1968, ond that in (my) causes stated above, (I) (we) (did) (did not) view the bady after death. 1960, ta _19 6 8, and that in (my) (our) apinion death accurred on the date and hour and fram the directar, page 3 sha shauld be filed with 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. **ATTENDING** MED. DIRECTOR March 7, 1968 PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) F. Williams, M.D. Dr. 122 S. Centre St., Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 23o. BURIAL, CREMATION BREMOVAL (Specify) ,1968 Davis, Memorial Park March Cumberland, Allegany, Md. Scarpelli, Cumberland, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. VR A15 (4) 3 1968 Charles 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03453 03434 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle 24 haurs after death cremation, ar removal, and in any event, within 72 hours after death funeral (Type or print) GERTRUDE Alezen SIMMONS IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) OAYS MONTHS 06-20-12 WHITE FEMALE 9. COUNTY OF DEATH the attending physician and campletely filled in by sit permit. Then please remove carban papers. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Ellerslie, Md. UNITED STATES WIDOWED [DIVORCED | ALLEGANY 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital requires that the death certificate be executed within during most of working life even if retired holder INDUSTRY Laundru HOSPITAL CUMBERLAND, MD. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c, CITY OR TOWN odmission) STATE 13b. COUNTY MINERAL W YES X NOT 124 MAIN STREET RIDGELEY Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle BARNCORD Emma **JOSEPH** IFF Lee Address 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) -900 SETON DRIVE, CUMB. 214-07-5788 HOSPITAL RECORD 18. CAUSE OF DEATH (Enter only one couse per line for (9) (b), ond (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been af Health priar ta far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram 1/2/, 1967, ta 3//, 1968, that (I) (we) last saw the deceased alive an 2/39 1968, and that in (my) (aur) opinian death accurred on the date and haur and from the causes stoted abave, (1) (we) (did) Idid not view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. PAGAN directar, 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE 23o. BURIAL, CREMATION REMOYAL (Specify) Cumberland. Allegany Md. 3/4/68 Hillcrest Burial Park 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 Wayne George Cumberland, Maryland 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03456 03437 CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH Middle DECEASED-NAME First death uneral SMITH (Type or print) ELIZABETH IF UNDER 24 HRS after 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX lost birthday) OAYS by the attending physician and campletely filled in by the transit permit. Then please remave carban papers. Pages crematian, ar remaval, and in any event, within 72 haurs after FEMALE WHITE Nov. 2. 1878 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) campletely filled in SCOTLAND ALLEGANY WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address ACRED HEART HOSP during mast of working life, even if retired.) CUMBERLAND 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAN 186. COUNTY CUMBERLANDES X NO 706 GEPHART DRIVE 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Christopher Jemima Demoster Cairns 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, na, ar unknown) None. PATIENTS HOSPITAL CHART-SACRED HEART HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, crea stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) accident-20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at work

22o. I certify that (I) (this hospital) attended the deceased from.....

> ATTENDING M D. DEGREE PHYS

22e. ADDRESS

MED.
DIRECTOR

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22c. DATE SIGNED

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RIAL, CREMATION, MOYAL (Specify)

PHYSICIAN'S

NAME (Type)

22b. SIGNATURE

23b. DATE 3/20/68

C. VINCENT

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 23d. LOCATION (City or Town)

(County) (State) ind.

24. FUNERAL DIRECTOR VR A15 (4)

30M REV. 1/68

ADDRESS H. Wanne George Cumberland. Md.

Cumberland, Allegany. 1958 REGISTRAR'S SIGNATURE

126 N. SMALLWOOD ST., CUMB., MD.

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the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

tarespeper

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

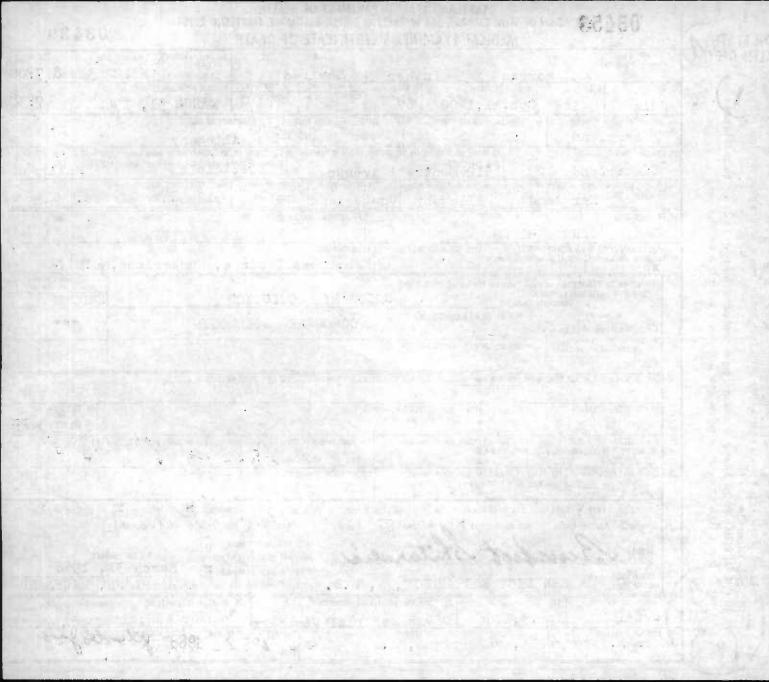
	034	57 DIVIS	ION OF V		CORDS, 30 AL EXA							LAND 21	201		034	138	
	ECEASED-NAME	111111111111111111111111111111111111111	First	1776	М	iddle			Last				KNOWN[]	Month	Day	Yeor	2b. HQ414
1	Type or Print)	Nel	llie		Blan	che		S	oring	zstea	d	OF DEATH	MATED [3 .	- 11	1968	11:50
3. S	EX	4. RACE		TE OF BIRT	TH	6. AG	E (In years		DER 1 YEAR		R 24 HRS.		PRONOUNCE	ED DEAD			2dAHMUR
F	emale	White	1	2-21-	-90	7	birthday) 7 YRS	MONTHS	DAYS	HOURS	MIN.	Mont	h	Doy11	Yea	19 68	11:50
	BIRTHPLACE (Stot	e or foreign	7b. CITIZE	EN OF WHA	AT COUNTRY?	17.	8. MA	IRRIED _	NEVER MA	RRIED	9. COL	INTY OF D	EATH			1.745	
caun	Mary	land		U.S.A		IV.	WID	OWED [DIV	ORCED		A	legar	ay .			Md
10. 0	ITY OR TOWN O	F DEATH			ME OF HOSP		NSTITUTIO	N (If nat i	in haspital				(Kind of w			D OF BUSI	NESS OR
	Cumber:	land		give si	reet oddress vlvan	Ret	reat	300			Reti	red I	ife, even i ress	erirea.)		indry	•
	USUAL RESIDEN	ICE (Where de	ceased lived	if institut	tion- Posider	co hefore			N I	3d. INSIDE CITY			ET AND NU				
0	dmission) STAT	land	, 13b. C	A	egany	15.3	Cum	berla		YES X		31	Virg:	inia	Avenu	10	
14. F	ATHER'S NAME	First		Middle		Last		15. MOT	THER'S MA	IDEN NAME	First		M	Niddle		Lost	
			U	nknov	m						Clar	anda	1570	S	pring	gstea	id
	WAS DECEASED E		MED FORCES?	of canucal	16b. SOCIAL S	ECURITY N	NO.	17. INFOR	MANT				ADDR	ESS			
	es, no, ar unkno No	(ii ye:	give wai or oures	o or service!	216-2	22-54	75	Mrs.	Leon	nard	G111	espie	Gold	den L	and,	rumbe	rland
	18. CAUSE O			ouse per lin	ne for (a), (b), and (c).	.)								BETT	PPROXIMATE WEEN ONSET	AND DEATH
	PART I.	DEATH WAS CA	NUSED BY: NEDIATE CAUSE	E (o)			16	वास्त्रवाद्य	LO	BAR F	NEU	MINONIA	BIL	ATERA	L	2-3	Days
	481	X			AS A CONSEC	UENCE OF	F						9-1				
	Conditions, if			(b)	1177393	S.L.	1960										142.0
1	stoting the u			UE TO, OR	AS A CONSEC	QUENCE O	F			390	6-1175				11 24	44 -	
	last.		-)	(c)				Y-10									
	PART 2. OTHER	SIGNIFICANT C	ONDITIONS CO	ONTRIBUTII	NG TO DEATH	BUT NOT	T RELATED	TO THE T	ERMINAL I	DISEASE OR	CONDITIO	ON GIVEN I	N PART 1(a)			
CERTIFICATION	19a. DATE OF	OPERATION	110		19b. CONDITI	ION FOR V	WHICH OP	ERATION				1977		10.00	20	. AUTOPSY	?
FICA					WAS PE	RFORMED	?								-9	YES X	NO 🗍
CERT	21o. EXTERNAL	CAUSE WAS	218	b. TIME OF	NJURY Manth	n, Doy, Yea	or :	21c. HOW	INJURY O	CCURRED (E	nter natu	re of injur	in Part 1	or Port 2,	Item 18.)		
MEDICAL	PRIMARY CAUSE OF DEA			HOUR A.A	٨.	19	5/10										
MED	21d. INJURY O		le. PLACE OF	INJURY (A	t home, forn	n, street,		21f. LOCAT	ION Street	or R.F.D. No	a.	City	ar Town	100	Count	у	State
	WHILE AT WORK	NOT WHILE	factory, affi	ice building	g, etc.)												
13		certify tha	t I taak cho	orge of th	ne remains	describ	ed obov	e, held o	an Auto	opsy X,	In	spection	X. I	nquiry 2	CX at	nd in m	y opinion
16		esulted fran		-	es X					Hamici			termined				
	EF-3	1		1,	7,	1,		, ,	1 CH	IEF MEDICA					•.		
	ACTUAL SIGNATURE _	221	nodi	int	SR	ita	re	lie	/	SISTANT ME					E SIGNED		
	EXAMINER'S			,					DE	PUTY MEDIC	CAL EXAM	INER X		3-1	1-68		
	NAME (Type)	Ber	nedict	Skit	tareli	c, M	I.D.	B10.	AD	DRESS(Stree	et, city, to	wn, or cou	nty) Cz	umber	land,	Md.	
23a	BURIAL, CREMA		23b. DATE		23с.	NAME OF	CEMETER	Y OR CREA	MATORY	TU S	23d	LOCATION	(City or To	awn)	(Caunty)	(\$1	tale)
	REMOVAL (Spe	(ily)	3-13-	68	Gr	eenn	ount	Cem	eter	У	C	umbei	land	Alle	gany	, Md.	,
24.	FUNERAL DIREC		4	T.	toke	ADDR	ESC				D BY RE			REGISTRAR'S			
Jo	ohn J.	Hafer,	Jr., 29	0 Ba;	Ito A	we.	Cumb	. Md	•	DATE	\R 1	5 19	68	& Clien	reas ;	funda	

VR A15ME (5) 10M REV. 1/68

5 may be retained far yaur files.

TO DEPUTY

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range (LA	d'a			bea	lexe)
Trimity Course to	r taol	residence	LITE OF	fear	Cumberl
onnevit dinignity 18.	Jan 20 Lodin		prepativ ³	bern.	livras 🚞
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

03440

					LICITION	AIL OI L	PERMIT		The second second			
	CEASED-NAME	First		Middle		Lost		20. DATE OF				2b. HOUR
(1	ype or print)	nnie		C.	St	akem		Ma	arch	24	1968	M
3. SE	X		4. RACE			S. DATE OF BIR	TH		6. AGE (In years		NOER 1 YEAR	IF UNDER 24 HRS.
	Female		W	nite		7/2:	1/188	2	lost hirthdoy)	YRS. MON	THS DAYS	HOURS MIN
0. 8	IRTHPLACE (Stote or fo	oreign	7b. CITIZEN OF WE	AT COUNTRY?	8. MARRIED	NEVER MARR	IED	9. COUNTY OF	DEATH			
our	^{iry)} Marylan	d	U.	S.A.	WIDOWED			Alle	egany			Md
0. C	ITY OR TOWN OF DEAT	'H	11. N/	AME OF HOSPITAL OR INS	TITUTION (If n	at in haspital		L OCCUPATION	(Kind of work d		2b. KIND OF E	SUSINESS OR
I	onaconin	g	give	kyle Nurs	eing	Home		none	life, even if retir	ed.)	NDUSTRY	
30.	USUAL RESIDENCE (Wh	ere deceose	d lived, if institut	ian: Residence before	13c. CITY OR	TOWN I	3d. INSIDE CITY LI		REET AND NUMBE	R		
amı	ssion) STATE Md		13b. COUNTY	Allegany	Mid	Land	YES NO					1
F	ATHER'S NAME F	rst	Middle	Lost	15	. MOTHER'S MAI	DEN NAME F	rst	Midd	le		Last
	Jo	hn	F.	Stake	m		Mar	garet			Qui	nn
	WAS DECEASED EVER		ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		NFORMANT			Addre			
'	es, no nunknown)	(ii yaz gira wa	ir or oures or service;		1	Irs.Par			len Mi	ldla	nd, Md	
	18. CAUSE OF DEATH	(Enter only	y ane couse per li	ne far (a), (b), ond (c).	1	"Daug	nter"	(APPROXIM BETWEEN ON	IATE INTERVAL
	PART I. DEATH V		BY: TE CAUSE (a)	Musoc	erdi	al	stoc	hen	rid		wee	
	412.	9		S A CONSEQUENCE OF	(1	10.	P				
	Canditions, if ony, w		(b)	prova	u s	sul	with	ron	icie		year	5
	rise to immediate c stating the underlyi	ng couse	DUE TO, OR	AS A CONSEQUENCE OF	0	0.	1	0	4	- 1	0	
	lost.)	(-/	eneral	nec	ler	lew	scle	21201		400	us
	PART 2. OTHER SIGNI	FICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	T REDATED TO	THE TERMINAL	DISEASE ORC	ONDITION GIVE	N IN PART 1(a)		9	
NO	421											
S	19a. DATE OF OPERATION	ON 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20o. AUTOP			YES, WERE FINDI	NGS CONSI	DERED IN CE	RTIFYING
CERTIFICATION				•	76	YES	NO 🗌					
	21a. ACCIDENT WAS			Month Day Year	21c. H	OW INJURY OCCL	JKKED (Enter	noture of inju	ry in Port 1 or Po	ort 2, Item	18.)	
MEDICAL	(If either, natify med	ical examin	er) P.M.	19								
N	21d. INJURY OCCURR While Not while at work at work			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town		ounty	Stote
	22a. I certify the	at (I) (this	s haspital) atte	ended the decease	d fram		, 19_	6, to_	mai.	, 19.0	, that	(I) (we) las
	causes state	ed abave	ive an YVL , (I) (we) (did)	(did not) view the l	bady after	d that in (my death.	') (aur) apii	nian death c	accurred an th	e date c	ınd haur a	nd from the
	22b. SIGNATURE	19	mil	to	DEGR	EE PHYS.	M M	ED.	STAFF PHYS.	22c. DATE	SIGNED.	80.
	22d. PHYSICIAN'S NAME (Type)	R	. MIL	ES VIR	2	22e. ADDR	SN A	CON	ING	~	D	
23a.	BURIAL, CREMATION,	23b. D	ATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	N (City or Town)	(0	ounty)	(State)
	Burial Burial	3	/26/19	68 St. Jo	seph	Cemet	erv	Mid	land	A		Md
24.	FUNERAL DIRECTOR			ADDRESS	100		2So. REC'D B'	Y REGISTRAR	2Sb. REGIST			2/82
	George	Eich	horn	Lonaco	ning	Md.	DAMAR .	2 6 198	00	artin	1 0	1

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in by the fear director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIFICATE OF DEATH	1		034	41	
1. DECEASED-NAME	First	100	Middle	Lost	2a. DATE OF			2b.	HOUR
(Type or print)	Eliza	beth	В.	Thomas		Month 29	68	9:	35 %
3. SEX		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR		R 24 HRS.
Female			White	8/21/1898		last birthday)	MONTHS . OAY	HOURS	MIN.
7o. BIRTHPLACE (Stote	or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH			
country) Maryl	and	U.	S.	WIDOWED DIVORCED	Alle	gany			Md
10. CITY OR TOWN OF Cumberland						(Kind of work done life, even if retired.)	12b. KIND (INDUSTRY	OF BUSINES	S OR

Cumberla	ind	Ave	l'Te'garry Cou	inty :	Infirmar	y during most of w	workinglife, er	ven if retired.)	INDUSTRY	
			tion: Residence before Allegany			13d. INSIDE CITY LIMITS? YES NO X	13e. STREET A	ND NUMBER Apts -We	estnp.	
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S M.	AIDEN NAME First		Middle		Lost
	Albert	L.	Frenze	1		Rebecca	158		Bradle	77
	D EVER IN U.S. ARMEI	D FORCES? or dates of service)	16b. SOCIAL SECURITY N	10.	7. INFORMANT	100		Address		0
Yes, no, or unkn	OWII) (i; jez gire no.	or donos or service)	212-38-711	5A-1	Allegan	County-re	ecords	Furnace	Stex	t
10 CALLET O	E DEATH /F .				-				APPROXIM	AATE INTERVA

_	11011	412-30-7775A-1 ATTERSHOULTUV-TECUTUS FUMBICE	Stext.
	PART 1. DEATH WAS CAUSED	one couse per line for (a), (b), and (b) BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	Canditions, if any, which gove trise to immediate cause (0), stating the underlying cause	DUE TO, OR AS P CONSEQUENCE OF	Law years
NO	PART 2. OTHER SIGNIFICANT COND	(c) STEWNING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	eseals.

Z	110 %						U			
RTIFICATIO	19a. DATE OF OPERATION	19b. COND	TION FOR WHI	CH OPERATIO	ON WAS PERFORM		AUTOPSY? ES		20b. IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYIN
E	21a. ACCIDENT WAS UNDER	RLYING	21b. TIME OF	INJURY		21c. HOW INJU	RY OCCURRE	D (Enter noture	of injury in Part 1 ar I	Part 2, Item 18.)
A	OR CONTRIBUTING CAUSE OF	F DEATH	HOUR A.M.	Month Do	y Yeor					
ă	(If either, notify medical ex	caminer)	P.M.		19	Prince Control				
X		21e PLACE		AT HOME FARM	STREET, FACTORY \	216 LOCATION	Stroot or E	DED No	City or Tour	County

21a. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY		21c. HOW INJUR	RY OCCURRED	(Enter noture of	injury in Part 1 or Part	2, Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Do	y Yeor					
(If either, notify medical examiner)	P.M.		19	Printer.				
21d. INJURY OCCURRED 21e. PLA	CE OF INJURY	(AT HOME, FARM OFFICE BUILDIN	, STREET, FACTORY.)	21f. LOCATION	Street ar R.F.C	D. No.	City or Town	County

at wark at wark (this haspital) attended the deceased from February d glive an March 28 1968 and that in (mv) 22a. I certify that (I) 1619.68 29 and that in (mv) (aur) apinian death accurred an the date and have and from the

causes stated abave, (1) (we) (did) (did nat) view the b	pady after death.	r) apinian deam accorred an	ine date and navr and tram
22b. SIGNATURE JOHN & JOHNS	ATTENDING PHYS.	MED. STAFF PHYS.	22c. DATE SIGNED
22d PHYSICIAN'S	22e ADDRESS	Klone over which	Institut

	22d. PHYSICIAN'S NAME (Type)	shn/A.	Topp	DER MAS 120	ADDRESS REMEDICAL APPRIL	pital
23	a. BURIAL, CREMATION,	23b. DAJE	1///	23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION (City or Town)	(County)

24. FUNERAL DIRECTOR

25a. REC'D BY REGISTRAR
DATE APR 8 _2Sb. 1968

REGISTRAR'S SIGNATURE

State

(State)

30M REV: 1/68

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages—and Shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hauss att Page 4 may be retained by the haspital ar attending physician.

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A STATE OF THE STA		100	

Wayne George Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			100	CER	TIF	ICA	TE C)F	DEA	TH

03442

			•									
(HARRY	LEON LEON		OGEL			MARCH :		989,6		5 PM
3. \$	MALE	4. RACE	WHITE	S.	JAN. 2			AGE (In yeors last birthday)	/RS.		HOURS 2	MIN
	BIRTHPLACE (State ar fare untry)	ign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9.	COUNTY OF D					
tuu	PENNA.		U.S.A.	WIDOWED [Į.	ALLEGA	NY			Md.
10.	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INST	ITUTION (If nat i	n haspital	12a. USUAL	OCCUPATION (K	ind af wark do		. KIND OF B	USINESS (OR
	CUMBER	LAND 9"	MEMORIAL I	HOSPIT	AL	Ret.	Superi	e, even if retire	a.)	DUSTRY	Tire	Co
	i. USUAL RESIDENCE (Where	e deceased lived, if insti		13c. CITY OR TO		INSIDE CITY LIMIT		T AND NUMBER		48.00		
dun	MD.	13b. COUNT	ALLEGANY	CUMBE	RLAND	NO NO	30	01 MT.	VIEW	DRI	VE_	
14.	FATHER'S NAME First		Last	1S. A	NOTHER'S MAIDE	N NAME First	t	Middle	9		Last	
	JOS		VOGE	_		SA	RAH	A	•	WH	ETZ	EL
160	d. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY N		DRMANT		35-39	Addres	S			14
	Yes, or unknown)	W. W. # T'	214-07-05	34 ME	MORIAL	HOS	PITAL	CUMB	ERLA	ND.M	D.	
	18. CAUSE OF DEATH (Enter anly ane cause per	line far (a), (b), and (c).)			135				APPRÓXIMA BETWEEN ON	ATE INTERVA SET AND DEA	
-	PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (a)	VENTRIC	ULAR T	ACHYCA	ARDIA	-FIBRI	LLATI	ON	НО	URS	
	4109		R AS A CONSEQUENCE OF									
	Canditions, if any, which		ACUTE	MYOCAR	DIAL	NFAR	CTION			HOU	RS	
	rise to immediate cau stating the underlying		R AS A CONSEQUENCE OF									710
	last.											
Н	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DI	SEASE OR CON	NDITION GIVEN I	N PART I(a)				
Z	4201											
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY	ио Ж .	20b. IF YI CAUSES O	ES, WERE FINDIN F DEATH?	GS CONSIDE	RED IN CER	RTIFYING	
MEDICAL CE		SE OF DEATH HOUR A.I	OF INJURY M. Manth Day Year M. 19	21c. HOW	INJURY OCCURR	ED (Enter n	ature of injury	in Part 1 ar Par	t 2, Item 1	8.)		
ME	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street ar	R.F.D. Na.	City ar	Tawn	Cau	nty	Sto	ate
	220. I certify that saw the decer	(I) (this hospitol) of ased alive onabove. (I) Y WeX(di	tended the decease 3-22-68 19 d) Kin My view the b	d from3 , and t	-22-66 hat in (my) ath.		, to3 an deoth oc	-23-68 curred an the		_ , that id hour o	(I) (X/ve and from) last n the
	22b. SIGNATURE	Steller	le the	DEGREE	ATTENDING PHYS.	DIK		STAFF PHYS.	22c. DATE S			
	22d. PHYSICIAN'S GONAME (Type)	OVERTON = R. U. WIL	HTMMELWRIG LIAMS	ĤΤ,MD	22e. ADDRESS	133	VIRGI	NIA AV	E.CL	IMBRI	AND.) MD
230	BREMOVAL (Specify)	23b. DATE 3/26/68	23c. NAME OF C	EMETERY OR CR	EMATORY al Park		23d. LOCATION Cumber	(City ar Tawn)		unty)	(State) Md.	
24.	FUNERAL DIRECTOR H. Wayne (Seator Cum	ADDRESS		250	REC'D BY	REGISTRAR 19	25b. REGISTA	AR'S SIGNA	TURE	del	J. U

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion ond completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then pleose remove corban papers, Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hoursets. VR A15 (4) 30M REV. 1/68

Pages Nand 2

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This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 03462 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				MEDIC	AL EXAM	INFK 2 CL	:KIIFICAII	Ur DE	AIH		U.O	7 7 0	
)		ECEASED-NAME	First		Middl	e	Lost			20. DATE KNOWN	Month D	oy Yeor	2b. HOUR
	(1	Type or Print)	MARGA	RET	ELIZA		WAD	and the same of th		OF ESTI- DEATH MATED	MARCH	191968	3:40
	3. SE	X 4.	RACE	S. DATE OF BIR	RTH	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE PRONOUN	CED DEAD		Short P
			HITE		16,191	8 49 YRS.			min.	MARCH	Day 19.	Yeor 19 68	PM
	70. E	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH OUNTRY PROSTBURG, U.S.A. WIDOWED DIVORCED ALLEGANY COUNTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) CUMBERLAND, MD. 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH ALLEGANY COUNTRY OUNTRY OUNTRY 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) OUNTRY OUNTRY THE COUNTRY OUNTRY O											
	coun												Md.
7	10. C												NESS OR
Or.	C	UMBERLA	ND, MD		ACRED	HEART	HOSPIT	AL	LER	K	MU	TRPHY S	TOR
1	130.	USUAL RESIDENCE (Where deceosed	lived, if institu	ution: Residence	before 13c. CITY		13d. INSIDE CITY		13e. STREET AND N			
1		dmission) STAMA						YES N		255₺ E.			
1	14. F	ATHER'S NAME	First	Middle		Lost	IS. MOTHER'S M.		First		Middle	Last	
1	37	CLAR		S.		DE		LAVEN	11A	MA		DENNIS	
	160. Y	WAS DECEASED EVER I es, no, or unknown)	N U.S. ARMED FOR		16b. SOCIAL SECU		7. INFORMANT			ADD	RESS BROS	TBURG,	MD.
R	N	0	N. A	or dates of service)	236-16	-6704M	IRS. LA	VENIA	A WA	DE, 255}	E.MAI		
		1B. CAUSE OF DE	ATH (Enter only	one couse per li	ine for (o), (b), a							APPROXIMATE I BETWEEN ONSET A	
3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ANASARCA GENERALIZED DUE TO, OR AS A CONSEQUENCE OF											William (
ij,	18												
		Conditions, if ony,		(b)	EN SHI	CHI	RONIC MY	OCARD]	ITIS	1110000000	0.03	ONE Y	EAR
	100	stoting the under		DUE TO, OR	AS A CONSEQUE	NCE OF							
		lost.)	(c)							£		1.341
	10	PART 2. OTHER SIGN	IIFICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR (ONDITIO	N GIVEN IN PART I(0)		VPS L
	N	4122		1ESENTE	RIC THR	OMBOISIS	2					-20	177
1	ATIC	190. DATE OF OPER				FOR WHICH OPE						20. AUTOPSY	}
1	CERTIFICATION	MARCH 1			RESECT	ION OF	18 INCHE	S OF G	ANG	RENOUS BO	WEL	YES X	NO 🗌
		210. EXTERNAL CAU PRIMARY OR CO		21b. TIME OF HOUR A.	INJURY Month, Do	ογ, Yeor 2	1c. HOW INJURY (CCURRED (En	ter notur	re of injury in Port 1	or Port 2, Item	18.)	113
	MEDICAL	CAUSE OF DEATH	MIKIBUTING [P.		19							
	ME	21d. INJURY OCCUR		ACE OF INJURY (At home, form, s	treet, 2	If. LOCATION Stree	t or R.F.D. No.		City or Town		County	Stote
		AT WORK AT W	ORK TOCTO	y, office bolloni	ig, 61c.)			Table 1			042738		
		22a. I cer	tify that I tac	k charge af t	he remains de	scribed abave	e, held an Aut	apsy XX,	Ins	pectian X,	Inquiry X.	and in my	apinian
		death resul	ted fram:	Natural caus	ses X, Ac	cident,	Suicide,	Hamicid	le 🔲,	Undetermine	d manner		
	1		1		001.	,	CH	HEF MEDICAL	EXAMINE	R 🔲			
	8	ACTUAL SIGNATURE	renea	icts	Skita	relic	AS	SISTANT MED	ICAL EXA	MINER	22b. DATE SIG		
1	1	EXAMINER'S	DENEDT	T CKIT	ADELTO	u D		PUTY MEDICA		-	RCH 19,		
1		NAME (Type)	DEMENT	1 2111	ARELIC,					wn, or cour G/UMB		MARYLA	ND
	230.	BURIAL, CREMATION REMOVAL (Specify)							23d.	LOCATION (City or 1	fown) (C	ounty) (Sto	ote)
	B	URIAL.	3/2	2/68	FROS	TBURG	MEM. P			ROSTBUR	G. ALT	EGANY.	MD.
1	2M	ARTIL DIRECTOR	M. SOW	ERS.H	FER-SC	ADDRESS T	UNERAL	2So. REC'I	RY REG	SISTRAR 25h	REGISTRAR'S SIG	NATURE	
) "	YY	mayou M	Louer	HOME.	60 W.N	IAIN FF	TUNERAL ROSTBUR	CDAMAN	126	5 1968	Charle	Judge	. 1

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5 may be retained far yaur files.

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CEPTIE

I KESTON SI	INEEL, DALITHONE, MARIEMIN ZIZUI		
ICATE OF	DEATH	034	4

					EKIIFIC	ALE OF DEA	In			0023	
	ECEASED-NAME Type or print)	First VIRGIN	IA	Middle LEE	V	Lost VA GN ER	20	o. DATE OF DEATH	h 39	0 Yeor 6	8 0:30A
3. S			4. RACE	HITE		5. DATE OF BIRTH 7-26-19	918	6. AGE (In years thdoy) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote			S. A.	WIDOWED [1 ,	OUNTY OF DEATH ALLEGANY			Md.
(CUMBERL	AND,	give		MORIAL	dur	HOUS	CCUPATION (Kind of of working life, even SEWIFE	if retired.)	12b. KIND OF INDUSTRY Home	
odm	ission) STATE M	(Where deceosed	13b. COUNTY	ALLEGANY		RLAND YES			OLUM	BIA *SE	Ave
		HENRY	Middle	NICHO	DLS	MOTHER'S MAIDEN N	PEAR		Middle		MERON
160	. WAS DECEASED E	VER IN U.S. ARMEI	or dates of service)	16b. SOCIAL SECURITY N 215-16-46	10. 17. II	FORMANT MEMORIAL	HOŞI	PITAL-CU	MB ER		
	18. CAUSE OF D PART I. DEA	TH WAS CAUSED I	one cause per lii BY: : CAUSE (o)	ne for (o), (b), ondr(x).	ww	e 6-19	SAF	- lef	4	BETWEEN C	MATE INTERVAL UNSET AND OEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?										
CERTIFICATION	190. DATE OF OPE	67 (ali	elt pre	att		NO 🔲	CAUSES OF DEATI	17	ex	ERTIFYING
MEDICAL CE	or contributing	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF MURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Day Year 19 19 19 19 19 19 19 1									
W	21d. INJURY OCC While Not w at work ot w	ork		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		1	.D. No.	City or Town		County	Stote
	saw the	deceased aliv	e an N	ended the decease (did not) view the	96 5and	that in (my) (au	r) apiniar	, ta <u>VVI</u> n death accurred	an the d	ote and haur	(I) (we) lost and from the
	22b. SIGNATURE	WX	ayel	Noda	as DEGR	11113.	MED. DIRECT	TOR STAFF	22c.	DATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type		W. ROY	CE HODGE				TRE ST.		BERLAN	D,MD.
	BURIAL, CREMATI REMOVAL (Specif BULLA	1 11-2-	TE -1968			al Park	C	d. LOCATION (City of Sumberland	LATTE	(County) stany Mar	(Stote)
	FUNERAL DIRECTO H. Lee S		04 Decat	ADDRESS cur St. Cur	nb., Mo	2So. R	PRE	2 1968b.	REGISTRAR	SIGNATURE	age

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages hauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours.

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7	- 22			CERTIFICATE OF DEATH	0.453
	the funeral ages 1 and 2 softer death		a.	MARYLAND	dence before odmission) INERAL
	ip by the fun ir. Pages 1 2 hours after o		b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress found). C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress found). C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress found). C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress).	give nearest tawn)
	filled ip by papers. P	50		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO
	letely (arban ar, with	85	D (1	NAME OF First Middle Lost 4. DATE Month OF DECEASED Type or print) HAROLD A. WALKER OF DEATH WARCH	22 1968
	and campletely remave carbain any event, w	3	S. SI	MALE WHITE WIDOWED DIVORCED AUGUST 26, 1926 lost birthday) Months	
	icale be executed with sician and campletely please remave carban J and in any event, with		durin	ng most of working life, even if retired) Electrician FAIL ROAD CUMBERLAND, MARYLAND FATHER'S NAME 14. MOTHER'S MAIOFN NAME	CITIZEN OF WHAT COUNTRY?
	ng phy Then emava			WALKER, JACOB WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
4	attendi ermit. In, ar ro		(Yes	Yes (If yes give wor or dates of service) 235-32-6632 MEMORIAL HOSPITAL, CUMBERL	
4	requires that the again certificate be executed within 24 hours after again a physician. I signed by the attending physician and campletely filled ip by the funeral e burial-transit permit. Then please remave carban papers. Pages 1 and 6 burial, crematian, ar remaval, and in any event, within 72 hours after death			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o),	INTERVAL BETWEEN ONSET AND DEATH
			N	stoting the underlying couse DUE TO ost. (c)	
F	ides from the raw residence of a strength of the residence of the residence of the Health prior to	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 4201	19. WAS AUTOPSY PERFORMED? YES NO
	he haspital ar attending this certificate has been letached far use as the Sept. of Health priar to		CERT	20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CIPTURE, NOTIFY MEDICAL EXAMINER)	
i	retained by the haspite RECTOR: After this certification of the state of the state of with the State Dept. of with the State Dept. of		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of	(County) (State)
	retained by t ECTOR: After 3 shauld be a			saw the deceased alive an Mark LL 190 , and that death occurred atM, fram causes and an	
	Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre.			220. SIGNATURE M.D. ATTENDING MED. STAFF 22b, PHYS. DIRECTOR PHYS. DYPHYS. 122d. ADDRESS	2 3/6
4.10	RAL F, po	1		NAME (Type) DR. B. SCHINDLER 43 GREENE STREET, CUN	BERLAND, MD.
	Page 4 may be O FUNERAL DIR. director, page 3 shauld be filed	P	230.	BURIAL, CREMATION, BERMOVAL (Specify) 3-26-68 23c NAME OF CEMETERY OR CREMATORY St. Mary's Burial Park Cumberland, Md.	(County) (Stote)
	VR A15 (4	M	24.	FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md. 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 260. REC'D BY REGISTRAR 260. REC'D BY REGISTRAR	

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MARYLAND STATE DEPARTMENT OF HEALTH

03	465	DIAIZION OF			ICATE OF DEATH		IUKE, MA	RYLAND 21201	03	441	6	
1. DECEASED-NAME (Type or print)	First		Middle		Lost		2a. DATE OI		,	/enn		HOUR
(Tipe or prim)	HAH	RVEY	W.		WARE			MARCH 2	9	681	1:2	20P
3. SEX		4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.
MALE		WHI	TE		8-11-190	6		last birthday)	MONTHS	DAIS	HOURS	Mills
70. BIRTHPLACE (Stote of	r foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRI	D NEVER MARRIED	9.	COUNTY OF	DEATH				
cauntry) PA.		USA		WIDOW			ALL	EGANY				M
1D. CITY OR TOWN OF DE	EATH		ME OF HOSPITAL OR IN	STITUTION ((Kind of work done	12b. 1	(IND OF E	BUSINES	SS OR
CUMBERI	IAND	give :	FMORIAL	HOSE	1 T A I	La.	न अशिक्ष	life, even if istited in	e INDU	STRY 1	f	Emp
13a. USUAL RESIDENCE (N		d lived, if institut	an: Residence befare		OR TOWN 13d. INSIDE C		100.0	TREET AND NUMBER				
admission) STATE	D	13b. COUNTY	LEGANY	CUN	BERLANDYES	NO [BALTIMORE	PI	KE		
14. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MAIDEN NAM	E Firs	t	Middle			Lost	
1	WILLIA	M	WARE	1 55	E	LI	ZABET	TH	В	RIC	K	
16a. WAS DECEASED EVE		D FORCES?	16b. SOCIAL SECURITY	NO. 1	7. INFORMANT			Address	5117			
Yes, no, ar unknawn) 11 O	(ii yes give wu	t or duties of service)			Mrs. Florence	ce	Ware,	Cumberlan	d, Mo	1 N	/if€	9
18. CAUSE OF DEA	ATH (Enter only	one couse per lie	ne for (a), (b), and (c)	.)			,		В	APPROXIM		
PART I. DEATH	H WAS CAUSED	BY: E CAUSE (a)	(arelin	o v	osculor		Du	Tuber		110	25	
436.	9		S.A. CONSEQUENCE OF			-	200		-			
Conditions, if ony,		(b) C	1200	oly	el sulv	4	red	more,	C	10	2	1
rise to immediate stating the under		(-/-	S A CONSEQUENCE OF	1					17			
last.	iying coose)	(c)		,					0	- 18		
PART 2. OTHER SIG	GNIFICANT CON	OITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE (OR CO	NDITION GIVE	N IN PART I(o)				
= 33/X			heris as									
190. DATE OF OPERA	ATION 19b. C	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED	2Da. AUTOPSY?			F YES, WERE FINDINGS (ONSIDER	D IN CE	RTIFYIN	IG
E					YES [7] NO	X	CAUSE	S OF DEATH?				

21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. P.M. Manth Day Year INJURY OCCURRED

Not while at wark (AT HDME, FARM, STREET, FACTORY,)
DEFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. Na City or Town County

22a I certify that (I) (this hospital) attended the deceased from

,	saw the deceased alive an	at in (my) (aur) apinian death occurred an th h.	ne date and hour and from the
	22b. SIGNATURE DEGREE	ATTENDING MED. STAFF PHYS.	3/3 0/68

22d. PHYSICIAN'S 22e. ADDRESS Gsorge M. MD NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specity) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Apr.1,1968 Hillcrest Burial Park Cumberland, Allegany

Scarpelli, Cumberland, Md. 24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR
DATA PR 2 _ 1968 2Sb.

State

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. If should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hau Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME Type or Print)		First	trick		M	iddle G.			lost Warr			O.E.	KNOWN ESTI-		26	So S	2b. HOUR
0 65		TA DAGE	Fal			41		Γ.,	T is time	DER 1 YEAR	I F UNDER	Of MDs			Mar.	20	19	8:10M
3. SE	ale	4. RACE		S. DATE		н 3 , 190		E (In years birthday)	MONTHS	DAYS	HOURS	MIN.		PRONOUNC		Ye	1,68	2d. HOUR 8:10M
	BIRTHPLACE (Sto					T COUNTRY?		IK,	-	INFLIED ALA	DDJED 🗀	9. COUN	_				1900	4.TOW
	try) Alle		1 /	US		I COUNTRY?	77.5		OWED [NEVER MA	RCED			gany				Md.
	ITY OR TOWN				11. NA	ME OF HOSP	ITAL OR IN	STITUTIO	N (If not	n haspital	12a. t	ISUAL OCC	UPATION	(Kind of v		12b. KI	ND OF BUS	INESS OR
	umberl				give st	reet oddress	D.0	.A.	Memo	orial			Mork Had	ite even	f setired.)	INDUST	Muni	cipal
13a.	USUAL RESIDE dmission) STAT	NCE (Where IE Mary	deceased lanc	lived, if	institut NTY	ion: Resider			or tow		YES T			Race	MBER Stre		. 7	
14. F	ATHER'S NAME	First			Middle	En Bi	Lost		15. MO	HER'S MAI	DEN NAME	First		A	Middle	0.11	Las	1
		Pa	tri	ck	P.	. W.	arne	r	- 1			Jen	nie	Robi	nette			
	WAS DECEASED I					16b. SOCIAL S	SECURITY N	10.	17. INFOR	MANT				ADDR	ESS	34.5		
(1	es, no, or unkno	own) (ii	yes give we	or dates of se	ervice)				Mrs.	Emn	ıa Wa	rner	, Cı	ımber	land.			
	1B. CAUSE C	F DEATH (E	nter anly	ane cause	per lin	e far (o), (b), and (c).)									APPROXIMATE TWEEN ONSET	
	PART I.	DEATH WAS		BY: E CAUSE (a)			COL	RONA	RY (CCLU	SION				S	UDDE	N
	410	59			,	AS A CONSEC	QUENCE OF					2003		(E.O.)	-0.00			100
	Canditians, if			(b)			CC	DRON	ARY	SCLE	ROSI	S		0027			-
	rise to imme stoting the u					AS A CONSE	QUENCE OF			100		150						
	last.			(c).	1229												
	PART 2. OTHER 4201	SIGNIFICAN	CONDIT	IONS CONT	RIBUTIN	G TO DEATH	BUT NOT	RELATED	TO THE T	ERMINAL D	ISEASE OR	CONDITION	GIVEN I	N PART 1(o)			
CERTIFICATION	19a. DATE OF	OPERATION				19b. CONDIT			ERATION							20). AUTOPS	(?
TIFIC	HI SHE					WAS PE	RFORMED'	?									YES 🔲	NO 🔀
MEDICAL CER	21g. EXTERNAL PRIMARY CAUSE OF DEA	OR CONTRIBE			ME OF II OUR A.N P.M		n, Day, Yea	or	21c. HOW	INJURY O	CURRED (Er	nter nature	of injur	y in Part 1	or Port 2, I	tem 1B.)		
MED	21d. INJURY O	CCURRED		ACE OF INJ ary, office I	URY (A	t home, farr			21f. LOCAT	ION Street	ar R.F.D. Na		City	ar Tawn		Caun	γ	State
Н		I certify t	not I to	ok choras	of th	e remoins	describ	ed oboy	o hold	on Auto	nsv 🗍	Insp	action	DET I	nquiry [3	री ०	nd in m	y opinion
		resulted fr		-							Homicic				monner		HU III III	у орилоп
	u dom i	1	0111.		003	0. 1	Acciden	· _ ,	Joicha		EF MEDICAL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110111101			
	ACTUAL SIGNATURE	Des	rea	lict	4	Skit	are	lie	-)	M.D. ASS	STANT MED	ICAL EXAM	INER [22b. DATE		6 10	0
	EXAMINER'S NAME (Type	Dr.	Bene	edict	t S	citar	lic,	M.I).		PUTY MEDICA PRESS(Street				Marc 9 Cun			
	BURIAL, CREM BURIAL (Spe Burial		23b. [oh 29	9.1	20	NAME OF			MATORY emete	2075			(City or I	own)	(County		itate)
24.	FUNERAL DIREC	CTOR					ADDR	ESS	307.7	sing Ce	2Sa. REC	PAREO	BTRAR	1969	REGISTERE	alen An	RE Van	Md
5.7	James	F. Sc	arp	elli	, C	umber	land	, Me	i.		DATE	11111	-	June	1		1	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle 1. DECEASED-NAME Last 2a. DATE KNOWN Manth Day OF ESTI-DEATH MATED KMARCH (Type ar Print) Robert Howard Warnick 4. RACE 6. AGE (In years IF UNGER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Depairm Male White May 2, 1927 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, country) Maryland U.S.A. Allegany WIDOWED [DIVORCED [land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR NORTH BRANCH POTOMAC during mast of warking life, even if retired.) Thear McCoole, Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 COTY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTGarrett admission) STATE Md. Barton Rt. 1 YES NO NO after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Howard Stanley Warnick Mary Matilda Colmer bages haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil 16b. SOCIAL SECURITY NO **ADDRESS** Howard Stanley Warnick-Rt 1 Barton. Md. APPROXIMATE INTERVAL within be executed CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DROWNING MINUTES DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). writing the word This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YESTAL please execute the certificate, NO F pe shauld be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld HOUR A.M. P.MMarch16,68 PRIMARY OR CONTRIBUTING crematian, Jumped off bridge into river CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) Westernport. md. Piedmont-Westernport Bridge.Alleg.Md. 22a. I certify that I taak charge of the remains described above, held an AutapsyXI. FUNERAL DIRECTOR: Inspection XX Inquiry XX and in my apinian retained death resulted fram: Natural causes Accident Suicide X. Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE & DEPUTY MEDICAL EXAMINER MAY 1. 1968 Health may NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or county UMBERLAND . MD . 50 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) St. Anns Avilton, Garrett- Md. 5/7/60 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Westernport, Md. VR A15ME (5) DATE

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pencil in Item 18. Give Pages

This certificate should be executed within 24 hours ofter death

DICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH 1346 PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
1				ester	Middle H •	W	last Natson				2-68 19 6:02		
	-	le		Jan. 16,	1917 51	(In years birthday) YRS.	MONTHS DAYS	HOURS	MIN.		2d. HOU 1968, 6:02P		
	cauni	. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.											
9	C	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane give street address) Cumberland 12. VSUAL OCCUPATION (Kind of work dane during meet of working life every if retired.) INDUSTRY OWN											
1	13a. ac	admission) STATE Maryland 3b. COUNTY Allegany La Vale YES x NO Charles Street											
/	14. F/	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle C. Glenn Watson, Sr. Ethel M. Swanger								Lost			
	(Y	6d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Yes, give war or data of service) (Yes, no, or unknown) (War 11 20 214-05-5832 Mr. C. Glenn Watson, Jr. Cumb									Brother		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Subarachnoid-Subdural Hemorrhage 4309 DUE TO, OR AS A CONSEQUENCE OF											
THAT I	0	Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause ast. Congenital Aneurysm of Circle Congenital Aneurysm Congenital Aneurysm									Minutes		
	.,	PART 2. OTHER	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)										
1	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2D. AUTOPSY? YES NO NO			
	MEDICAL CER	PRIMARY O CAUSE OF DEAT	R CONTRIBUTING	21b. TIME OF INJU HOUR A.M. P.M.	RY Month, Doy, Yea	r 2	ic. HOW INJURY	OCCURRED (Ent	ter natur	e af injury in Part 1 or Port 2, It	em 1B.)		
3	ME		1d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)							County Stote			
		22a. I certify that I taak charge of the remains described above, held an Autapsy (C) Inspection (C), Inquiry (C) and in my apinion death resulted from: Natural causes (C) Accident (C), Suicide (C), Hamicide (C), Undetermined manner (C)											
	ACTUAL SIGNATURE Senedict Sk tarelie M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED												
1		EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. address(Street, city, town, or couchimberland, Md.											
	23a.	BURIAL, CREMA REMOVAL (Speci Burial	rion, 23b. r ify) Mar	.15,1968			or crematory Burial	Park		umberland, All			
1		FUNERAL DIRECT		elli, Cum	ADDRE			2Sa. REC'D			SIGNATURE		
7		Semiep I.	· nearh	erry's our	ivertanu	1 Lin	•	DATE	IAN.	I DOO F	The state of the s		

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the States. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Paga the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

Health prior to burial, cremotion, or removal, and in any event within 72 hours after deoth.

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News 12, 1968		THOUGHT HE POIG	

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03449 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) March Rhoda Weller Susanno 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 10/5/1879 Female White 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign country) nion Bridge 9. COUNTY OF DEATH MARRIED NEVER MARRIED U.S. Allegany WIDOWED TA DIVORCED Md. 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street oddress)

Allegany Furnace/Sta/ext. Housewife 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Cumberland Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY legany demission) STATE Cumber Land McMullan Highway Cumberland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Lost Annie Elliott John Smith 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 214-07-6559D Allegany County Infirmary- records 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NO A 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while of work 220. I certify that (I) (this hospital) attended the deceased from Febuary 20, 1968, to March 21, 1968, that (I) (we) lost sow the deceased olive on March 20, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. X DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) Memorial Hospital 23o. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/23/68 Rose Hill Cemetery Hagerstown. Washington 24. FUNERAL DIRECTOR Wayne George ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Cumberland. Md.

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death funerol pup within 72 hours after hours attending physician and completely filled to by sermit. Then please remove carbon papers. papers. law requires that the death certificate be executed within 24 and in ony event, or removol, permit. signed by the cremati burial-tronsit os the prior to l attending hos been Heolth I O FUNERAL DIRECTOR: After this certificate for be retained by director, page 3

30M REV

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages J. ead.2 shauld be filled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs offer death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 |4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	-										-	-				
1		CEASED-NAME ype ar print)	First None	E. U	Middle Jerner	Venon	lost a E. Wer	ner	2o. DATE OF	DEATH3 Manth	Day 7	Yeor		HOUR OS M		
A	3. SE	X	11	4. RACE			S. DATE OF BIRTI	1		6. AGE (In years		DER 1 YEAR	IF UNDER			
		Fema:	le	U	Whit		1	4-96		last birthday)	VDC MONTH	S DAYS	HOURS	MIN.		
ŀ	70 B			CITIZEN OF WH		_		- 0	COUNTY OF		11.3.					
1	70. BIRTHPLACE (Stote or foreign country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH															
1	Maryland U.S.A. USA WIDOWED & DIVORCED Allegany Ollegany Md.															
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most af working life, even if retired.)											12b. KIND OF BUSINESS OR				
2	Cumberland Maryland Nursing & Convalescent Center Housewille, even if retired.)											Own Home				
1	13a.	ia. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN, C. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER washington, D.C. 13b. COUNTY Washington YES NO 713 Fern Place														
7	admi W a	ssion) STATE ton	, D.C.	13b. COUNTY	ES NO	_	3 Fern									
3	14. F	ATHER'S NAME F	irst	Middle	Last		15. MOTHER'S MAIDEN NAME First Middle Lost									
		John W. Schell					Nettie L . Raynor									
ı	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO					10. 17	17. INFORMANT Address									
ı	Y	es, no, or unknawn)	nknawn) (If yes give war or dates of service) Mrs. Ina Tichnell, Cumberland,								Ma Sistem					
							S. Illa .	-TCHUE	TT 0 01	umper La	na, Mo		MATE INTERV			
1		18. CAUSE OF DEATH	H (Enter only	ane cause per lin	e for (a), (b), and (c).	1	1. 1. 10						INSET AND D			
-		PART I. DEATH V	IMMEDIATE	CAUSE (o)	Me	29.51	Late (6	ircin	Konce	eg Clean	1.	7 mondo				
4		180X			S A CONSEQUENCE OF			711		1						
1		Canditions, if any, which gave \														
Н		rise ta immediate cause (a), (b)														
1		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF														
Н		, ()														
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)														
1	×	171x The Law i don't Clude Variet Minere.														
	ATIC	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING														
	CERTIFICATION		12 5				YES 🗌	NO CX	CAUSES	OF DEATH?						
Н		21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF	INJURY	21c.	HOW INJURY OCCUR	RED (Enter no	oture of injur	v in Port 1 or Po	rt 2. Item 1	8.)				
1	MEDICAL	OR CONTRIBUTING		HOUR A.M.	Month Doy Year							,				
1	VED VED	(If either, notify med			AT HOME CARM STREET SAG		106171011	0.5.0.11	41.	-						
П		21d. INJURY OCCURR While Nat while	Zie. PL	ALE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10K1,) 21t.	EUCATION Street o	r K.F.D. No.	City	ar Town	Cou	nty	2.	tate		
1		While Nat while at work			Z-10-20-21		_11	./		2 /	1	/	1			
1		22a. I certify that (I) (this haspital) attended the deceased fram 3/16/67, 19, ta 3/2/, 19, that (I) (w) last														
1		saw the de	ceased aliv	e an	3/21/6/	9, a	nd that in (my)	(out) apinio	an death a	ccurred an th	e date an	d haur	and fra	m the		
1		saw the deceased alive an, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death.														
1		22b. SIGNATURE	Ch	11	1 1/1		ATTENDING	MED.			22c. DATE S	IGNED	1.	,		
1	57	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE														
Н		22d. PHYSICIAN'S 22e. ADDRESS														
		NAME (I Abe)	r.G.Ov	rerton :	Himmelwri	ght, N	ID 133 \	/irgin	ia Av	e., Cum	berla	ind, I	Id.	170		
	230	BURIAL, CREMATION,	23b. DA1		23c. NAME OF					N (City or Tawn)		unity)	(Stote			
	204.	REMOVAL (Specify)		1,1968						. , ,		'''				
	24	FUNERAL DIRECTOR	Tr. Dr.	7,1700	ADDRESS	OII IV	tl.Cemet	a. REC'D BY	AFLI	25b. REGISTI	VITET	nla				
			Scarne	715 C	umberland	Ma							0			
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